

QUARTERLY

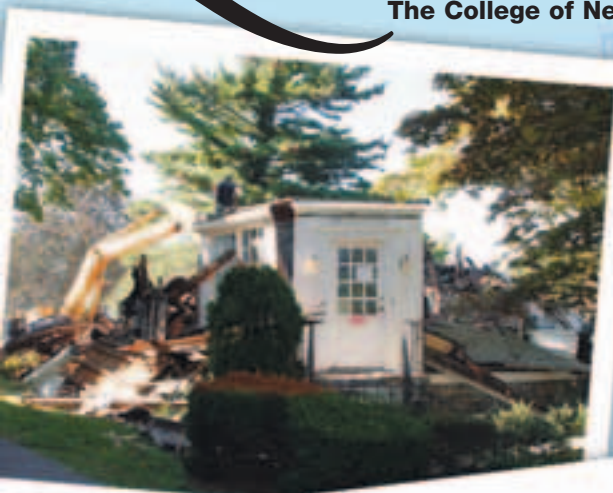
The College of New Rochelle Alumnae/i Magazine

Fall 2005 | Volume 77 | No. 2

Making Way for the Future

CNR Kicks off Wellness Center Campaign

(Story on page 29)



Wellness

At The College of New Rochelle when we speak of wellness, we are speaking of much more than merely the physical. We are speaking of the harmonious development of the whole person – mind, body, and spirit. And we approach it that way, in our curriculum, in our campus life, and in the goals for The Campaign for The College of New Rochelle.

Through the educational foundation in the liberal arts – encompassing art, language, literature, religion, history, and the sciences – our students are exposed to a broad spectrum of knowledge, wisdom for life that allows them as graduates to go on to make a difference in their families, in their communities, in the world.

We stimulate the intellects, nurture the souls, and strengthen the bodies of the entire College Community through our rich diversity of activities on campus.

During The Campaign for The College of New Rochelle, now in its second phase, we have also

focused on the importance of fostering mind, body, and spirit. The renovated Mother Irene Gill Library, dedicated in April 2002, has already dramatically improved the academic environment at CNR, while the newly refurbished Holy Family Chapel provides students with a beautiful spiritual center. The construction of the Wellness Center will allow the College to focus more fully on improving physical well-being.

While within this issue of *Quarterly*, we will focus primarily on physical wellness, we will also touch on the importance of promoting mental and spiritual wellness. We will examine how well America is today; we will explore how wellness is viewed in other countries, where looking beyond the physical is commonplace; we will share stories of alumnae/i who promote mental, physical, and spiritual wellness in their careers; we will look at the status of women in sports, and much more.

So, read on...

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EDITORIAL STAFF

Editor

Lenore Boytim Carpinelli SAS'89

Associate Editor

Irene Villaverde SNR'04

Graphic Design

Kim Barron

Class Notes Design

Rob Morgan

Contributing Writers

Judith Balfe SNR'89, GS'91 & '97

John Coyne

Emory Craig

Susanne Lebrija SNR'05

Lauren McGovern SAS'91

Gary Rockfield

Photographs

John Coyne

Peter Finger

G. Steve Jordan

Rob Morgan

John Vecchiolla

EDITORIAL COMMITTEE

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Camille Marchetta '62

Maria Mercader SAS'88

Martha Reddington SAS'76

Tanya Thomas SNR'03

Mary Whalen SNR'99, GS'01

Letters to the Editor and editorial correspondence should be directed to:

Lenore Boytim Carpinelli SAS'89

(914) 654-5272

Email: Lcarpinelli@cnr.edu

Class Notes Columns and correspondence should be directed to:

Irene Villaverde SNR'04

(914) 654-5235

Email: Ivillaverde@cnr.edu

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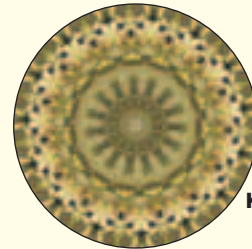
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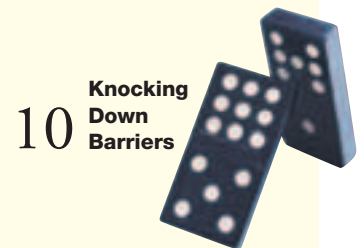
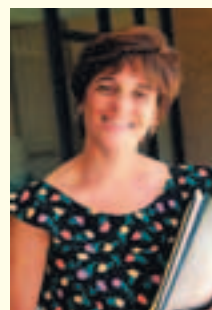
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CNR Kicks Off
Campaign for
Wellness Center

Cover: Buildings on campus are demolished to make way for the new Wellness Center. Pictured clockwise from top left: Newman Hall, Notre Dame Hall, Chelsea Hall, artist's rendering of Wellness Center, Health Center.

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Taking the Pulse of America: *How Well Are We?*

BY IRENE VILLAVERDE SNR'04

AS A NATION, HAVE WE BEEN PROACTIVE IN OUR APPROACH TO DISEASE PREVENTION AND HEALTH PROMOTION? HOW ARE OUR CHILDREN, TEENS, AND SENIORS FARING IN THE FACE OF DIMINISHED OR NON-EXISTENT ACCESS TO HEALTH CARE? JUST HOW WELL IS AMERICA? FOR THE ANSWERS TO THESE QUESTIONS AND MORE, WE INVITED HEALTH CARE PROFESSIONALS FROM OUR SCHOOL OF NURSING TO A ROUNDTABLE DISCUSSION TO REFLECT ON THE STATE OF OUR NATION'S HEALTH CARE AND WELLNESS IN GENERAL.

"If you talk to my 94 year old father," says Dr. Donna Demarest, Dean of the School of Nursing, "he'll tell you we're going to hell in a hand basket. But my personal view is much more balanced than that." Although Dr. Demarest, like her colleagues, believes that our health care system is very reactive, devoting little or no energy and resources to keeping people well, she also believes that the trend can change through education and consumer advocacy.

"Health promotion and disease prevention really has not existed in this country to any great extent," she says. "There are some models internationally, but certainly nobody is doing a really good job. Health care in this country is being strangled by acuity (situations calling for immediate intervention), and the inability to keep up with it.

Nursing and health care provider curricula ought to be much more infused with health promotion and disease prevention, but we can't do that because acuity is so high that our students must be first and foremost able to take care of the people who are already chronically, acutely ill."

And the media, in particular, does not focus on the health teacher or counselor, those that are teaching disease prevention, but on the person doing the heroic – the ER or ICU professional. "When we ask many of our graduating students whether they might consider, say, ambulatory care, they say, 'Why would I want to work there? What would I do?' So, now we're in this predicament of dealing with a health care system that is totally broken."

Beginning with the Youngest

The consequences of a compromised health care system are perhaps nowhere more evident than in the youngest of the population, infants.

According to the National Center for Health Statistics, the infant mortality rate in the United States reached an historic low of 6.8 deaths per 1,000 live births in 2001. Yet, despite the decline, this country's infant mortality rate remains higher than that of many other industrialized countries, with statistics varying widely across racial and ethnic

on infant mortality rates."

However, SIDS death rates have not declined so dramatically in all populations, with African American and Native American babies still dying in greater numbers.

"Many people in those communities are either not receiving the Back to Sleep message or are not acting on it because their culture or a person of authority within the family doesn't agree with it."

To ensure that the message reaches this at-risk population, new efforts are underway, including one in New York

native countries. "But as soon as they see the bottle, they look at you and say, 'Oh, formula!'"

Nancy Cole, Director of Academic Programs for the School of Nursing, believes that this is merely one of many symptoms of a much broader problem. "We are a nation that embraces instant gratification," says Professor Cole. "We have a baby who's hungry and needs to be fed often, but rather than adapt to the child's natural schedule and meet her need, we look for a convenient, easy answer. If we want the baby to sleep

lines. Contributing factors are manifold – prematurity, late or no prenatal care, poverty, teen pregnancy, alienation from the health care system, poor nutrition.

"Babies who die in the first four weeks of life usually die of prematurity/immaturity," says Dr. Joan Arnold, Professor of Nursing. "But the largest cause of death in the post-neonatal period (four weeks to 12 months) is Sudden Infant Death Syndrome (SIDS)," which is defined as the sudden death of an infant under one year that remains unexplained after a thorough case investigation, including a complete autopsy, examination of the death scene, and review of the clinical history.

When research concluded that babies put to sleep on their stomachs were more likely to succumb to SIDS, health professionals set about finding a way to inform the public. Their efforts culminated in the launch of the "Back to Sleep" campaign a decade ago by the U.S. Public Health Service, American Academy of Pediatrics, SIDS Alliance, and Association of SIDS and Infant Mortality Programs – an initiative that has had a dramatic impact.

Since that time," says Dr. Arnold, "stomach sleeping has dropped from 70 to 15 percent and the SIDS death rate has dropped by half. It is a public health initiative that has had a profound impact

City where a faith-based approach has been initiated to reach out to Black churches and target grandparents who are often the primary caregivers or the "wells of wisdom" from whom younger family members take guidance.

"Everyone is open to the message once they understand the 'why' of it," says Dr. Arnold. "Without the 'why,' it seems like just another arbitrary recommendation."

Another vital concern when addressing infant/maternal health is the fact that in the United States our breastfeeding rate is incredibly low. "By the time most babies are six months old, they're on formula, and research shows that formula fed babies have increased incidences of respiratory illness and gastrointestinal problems," says Dr. Margot De Sevo, Associate Professor of Nursing. Research also suggests that these babies have much higher incidences of childhood obesity, a problem of epidemic proportions in this country.

And America's love affair with formula quickly becomes contagious, especially for mothers who are having problems with breastfeeding and for immigrant mothers who are seduced by the easy availability of "the bottle." According to Dr. De Sevo, recent immigrants to the U.S. actually breastfeed at higher rates because nursing is the norm in their

through the night, we simply add cereal to her bottle."

And as these babies grow, we move from formula to fast foods, again choosing the easy solution to satisfying the child's need for instant gratification.

"Childhood obesity is now at epidemic proportions but we feed our children fast foods – McDonald's, Taco Bell, and Wendy's," continues Professor Cole. "And we also reward them with fattening foods, telling them, 'If you're good, I'll buy you ice cream.'"

According to Dr. Geraldine Valencia-Go, Associate Professor of Nursing, the population in general has adopted a mantra of "more and bigger is better." When she came to this country in 1965, she says, "McDonald's hamburgers were nineteen cents and relatively small. Now they're the size of dessert plates, and for just a few cents more you can supersize anything. For a mom struggling to feed four, five, six children, it's very easy to subscribe to that. She needs to put food into hungry bellies. So, when offered more food for less money, the quality of the meal is not the primary consideration."

During her years working with the Oglala Lakota Nation on the Pine Ridge Indian Reservation in South Dakota, Dr. Demarest witnessed first hand the hesi-

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Taking the Pulse of America

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tancy of mothers to change the way they feed their children.

“That was such a huge struggle, because there obesity is endemic and you can find little first graders who have the hallmarks of diabetes.”

But convincing mothers that for the same cost of a fast, immediate meal, they could put better, more nutritious meals on the table was a very hard sell.

“The mother frequently doesn’t have time to do it, because it does take more time,” says Dr. Demarest. “And when your life is stressed in ways that are totally unimaginable, you’re going to go the easy route – absolutely, you’re going that route.”

Looking for the “Quick Fix”

Professor Cole believes that Americans’ tendency to seek the “quick fix” also translates to the way they view treating and controlling chronic illness.

“Health promotion and disease prevention require lifestyle changes, nutrition, and exercise,” she says. “It’s not about dieting to get into the dress for the big event, but about changing one’s lifestyle. And those are very long term goals. We’re not a society that does well with that.”

To further illustrate the problem, she points to pharmaceutical companies

who spend billions of advertising dollars each year to market their products. Brand name medications for hypertension, high cholesterol, sexual dysfunction, and depression are as recognizable to the American consumer as are the names of designer labels and breakfast cereals.

“These companies are all over the television urging people to ‘take a pill – you don’t have to change your diet, just take a pill.’ Yet, how many Americans could have normal blood pressure if they would simply adopt a healthy diet and begin to exercise?”

This public attitude toward preventive health care is even apparent in visitors to the College’s annual Healthy Campus event where faculty and students from the School of Nursing and the Office of Health Services bring health promotion and disease prevention information to CNR campus communities. “Our students do presentations and interactive teaching on multiple issues,” says Professor Cole, “and the tables that draw the largest crowd are those addressing a specific illness, be it asthma, diabetes, or sickle cell. The tables dedicated to nutrition, weight loss, and exercise are simply not as popular.”

Education as the Answer

So what is the solution? Without a doubt, said the five health care profes-

sionals we spoke to, education is the answer to changing our unhealthy behaviors.

“By and large we are a very well educated society in the United States, and education clearly has a linkage to health style patterns and behaviors,” says Dr. De Sevo. And certainly, we see the consequences of a lack of education in health behaviors in children who are failing to thrive.

“Child abuse or neglect is often a result of incorrect or incomplete parenting knowledge. For example, toddlers are sometimes abused because their parents or caregivers do not understand normal growth and development.”

New York is one of several states that mandate health courses in high school, but like the health care system overall, the curriculum tends to focus on the most immediate problems facing teens – birth control, infection prevention, smoking, and drug abuse. And that focus is driven by economics.

According to the United States’ Healthy People 2010 initiative, substance abuse is linked to many of the country’s most serious problems, including violence, injury, and HIV infection. In the mid-1990s, annual costs to the United States from alcohol and drug abuse alone were estimated to be hundreds of billions of dollars. Each day, nearly 3,000 teenagers begin smoking;



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of those who continue to smoke, half will eventually die of smoking-related illnesses such as cancer of the mouth, throat, and lungs and heart disease.

It is ironic, says Dr. De Sevo, that “we understand how much those problems cost society in terms of dollars and resources, but we fail to understand how expensive it will be, what a future drain on resources it will be to let our three-year-olds start down a risky path in terms of eating habits that lead to heart disease and diabetes.”

Depression is also a growing problem for America’s adolescents that desperately needs to be addressed, with teen suicide rates tripling since 1970. The U.S. Department of Health & Human Services reports suicide as the third leading cause of death among youth 15-24 years of age and cites gay and lesbian adolescents as being twice as likely to take their own lives.

“Gay adolescents are one of the most vulnerable groups out there,” says Dr. De Sevo. “The number of runaways and incidence of sexual abuse and AIDS in that population is enormous.” And though today homosexuality is discussed more openly and in many circles is more accepted, “it’s an area where we need to become much more sensitive.”

The Aging Population

And the problems are no less pressing as we grow older. Although she believes that society in general is becoming healthier, Dr. Valencia-Go agrees that “we’re still much more impressed with acuity,” the result of which drives escalating insurance costs. “Again, if we could change people’s lifestyles through education, we would see a dramatic decrease in the chronic illnesses that develop as Americans get older. And the amount of money we would save in hospitalizations and health care costs would be astronomical.

“People wait until they have multiple problems before they report to health care. So now you have this person who has several acute illnesses being subjected to expensive testing and therapy.”

Issues surrounding the high cost of

If we could change people's lifestyles through education, we would see a dramatic decrease in the chronic illnesses that develop as Americans get older. And the amount of money we would save in hospitalizations and health care costs would be astronomical.

and access to health care are expected to become increasingly complicated as the population ages. While today, the elderly in our society number 36.3 million, that number will increase 147 percent to 86.7 million by 2050. By the year 2030, baby boomers (those born between 1946 and 1964) will be between the ages of 66 and 84 and make up approximately 20 percent of the entire population. Many of this growing population will be uninsured or underinsured as they age – frightening considering that studies show that people who are uninsured are less likely to get preventive care, less likely to get treated for chronic conditions such as diabetes and high blood pressure, and as a result, they’re more likely to have preventable illnesses, declines in their health, and higher death rates.

“Diseases that used to kill people in their forties and fifties can now be cured, but the residual effects of those diseases will hamper quality of life,” says Dr. Valencia-Go. “Unfortunately, after the acute episodes are over, unless patients are committed to revamping all their unhealthy lifestyle behaviors, those diseases are going to continue in chronic form. So they continue to be in and out of acute care institutions. The technology that is used to keep these patients alive is really very costly, and that has to come from somewhere, somebody has to pay for it.”

Eventually, many seniors will wind up in long term care facilities where credentialed nurses are few – and where says Dr. Valencia-Go, it can be rare even to find a director of nursing with a master’s degree. It is a problem she sees as another case of health professionals preferring to work in faster-paced, more exciting environments such as the Intensive or Coronary Care Units.

“Working in acute care you see a person who’s so acutely ill, but within a few days, with all the technology and medication, they bounce back, and that’s very satisfying. But in long term care, you could be working with an old person for six months and you don’t really see any change. It may be simple maintenance to ensure they don’t acquire more bed sores or don’t lose any more weight. And that’s not professionally satisfying, so we don’t really see credentialed nurses in long term care.”

The Poor at Risk

Perhaps the largest at-risk population is the poor, and in particular, the immigrant poor.

“Many of them are here illegally and have no provision for health insurance,” says Dr. De Sevo. “So they use the emergency room as their primary care facility, which is very expensive. And by the time they report to an emergency room, they have multiple system failure so a simple ten-day course of antibiotics is not going to do it. Immigrants, particularly those who are illegal, have very poor health outcomes.”

For those living in poverty, poor health is not only a medical but an environmental issue. “One of the biggest triggers of respiratory problems, particularly asthma in children, is roach droppings,” continues Dr. De Sevo “And where do you find that? You find that in the inner city, in substandard housing.”

Though America’s impoverished may be the most visibly affected, there are millions of people in this country – working poor and middle class alike – without any health insurance whatsoever.

Should America be looking toward socialized medicine for the answers?

(Continued on page 6)



“The stress levels caused by our drive to achieve are immeasurable. They can lead to heart disease, depression, substance abuse, and even violence,” says Dr. Donna Demarest.

Taking the Pulse of America

(Continued from page 5)

“Socialized medicine has its own issues,” says Dr. Demarest, citing a recent study that stated in countries with socialized medicine, patients might wait up to ten weeks to see a primary care physician unless it’s an emergency. A surgical procedure might be approved, but at the other end of the country, which brings about another issue: access vs. availability.

Professor Cole witnessed a similar dilemma years ago while teaching at a health care clinic in the South Bronx, which was the designated clinic for patients living in the North Bronx.

“How willing are you going to be to take a bus or a train for an hour and twenty minutes with a sick child and maybe two toddlers and then sit in a waiting room for two hours? No, you’re going to wait until that child gets really sick, and then you’re going to go to the emergency room. And even if the parent goes to the clinic, there may be someone on the other side of the table who doesn’t understand their needs. Maybe the parent doesn’t know how to take a temperature or how to properly feed a baby, and they might get criticized by the provider because they’re not doing it the right way. There is a good possibility that they are not going to come back.”

Dr. Demarest agrees. “I think one of the marvelous things about this society is that it is a beautiful rainbow, but the very people who need the most are not matched with the people who are best equipped to understand how to deliver health services. There’s plenty of literature that says that the person who’s most able to be persuasive with a population in terms of health and lifestyles are those

who speak the same language, who have the same cultural values.” *(For further discussion of this topic, see page 10.)*

America’s Health Culture

How do we define American culture in terms of health and lifestyle? Dr. Demarest believes that ours is a “culture of productivity,” which, while admirable on one level, raises “some very big issues in the world and clearly in this country.”

“If you produce then you have a place in this society,” she says. “If you don’t produce, you don’t. And so we get the ‘haves’ and the ‘have nots,’ and the schism grows and suddenly you have an unruly society where people are going to get their piece of the pie in socially unacceptable ways.” In the United States, a productive person is often defined by how much money he or she makes rather than what that person has given to society or the quality of the person’s life, and that becomes “the foundation of our society,” says Dr. Demarest. “If you can’t make it, you’re going overboard, you’re in the trash heap.”

When the drive to succeed financially is the paramount determining factor in choosing a career, when one is forced to choose paycheck over passion, health problems, according to this group of health professionals, are definitely on the horizon.

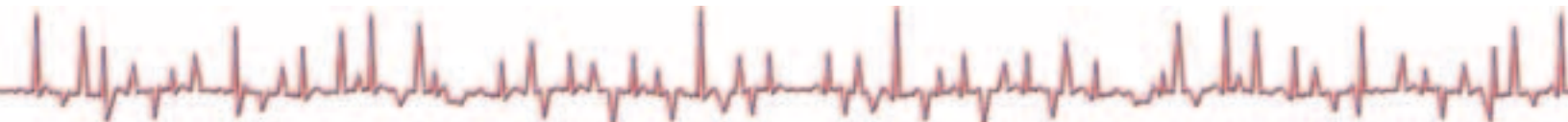
Professor Cole remembers one young man to whom she posed the question, “What do you really want to do with your life; what would give you the most satisfaction?” He told her that what he



really wanted to do was teach elementary school, but because it “doesn’t bring in enough money,” he was planning to become an investment banker. “So, he’s abandoning his passion to work 18-hour days, keeping a change of clothes in the office, not exercising or eating right, because society has told him that’s where he’ll make the most money, that’s how he’ll ‘succeed’.”

Like Professor Cole, Dr. Demarest sees health problems in the future for this individual and thousands like him. “The stress levels caused by our drive to achieve are immeasurable. They can lead to heart disease, depression, substance abuse, and even violence.”

Nor are nursing students exempt from self-induced stress. “Students want to get in and out of school as fast as they possibly can,” says Professor Cole. “That is uppermost in their minds from the day they enter the program, which puts them under extreme stress because they’re overloading themselves in classes and often not doing that well because



they are also working full-time so that they can afford to come to school. So, instead of slowing themselves down, which would make them much more successful in the program and would make them much happier in life, they go the other way."

Looking Ahead

"The world is in a lot of trouble now because we don't respect one another and we don't understand one another, and I think we don't understand what drives behavior or what impacts behavior," says Dr. Demarest. "We're all just struggling for a better quality of life. And every generation comes along with a new set of values and twists the culture a little bit."

Dr. Demarest and her colleagues are heartened by the fact that the new generation already seems to be moving American culture in a positive direction by becoming proactive health consumers who are looking for something better, something beyond the physical.

"They're looking for health of mind, body and spirit," says Dr. Demarest. "And I think that's very hopeful."

It is a generation, Professor Cole believes, that is turning back to basic values.

"This is the first generation of latch-key kids who are now adults, and they don't have the same materialistic values that their baby boomer parents had."

It is evident, she says, in the reshaping of the workforce by women who for years were forced to choose between family and career and who are now choosing to raise their children while continuing to work. They are demanding a healthy work/family balance, and companies are accommodating them.

Dr. Valencia-Go is optimistic about what she perceives as a heightened interest in advocacy.

"I see a lot of consumer advocacy groups today that didn't exist when I first came to this country. People are willing to counsel others and become involved in support groups. And they don't get fees, it's voluntary; they do it out of the goodness of their hearts. In that sense, I think we're improving as a society and as human beings."

Nurses as Instruments of Change

If America is to envision, embrace and create this new health care mosaic, one whose pieces inform, engage, and heal the whole person, it appears that nurses, in particular, must play a vital role.

How do these professionals feel nurses will be most effective as instruments of change? All agree the nurse educator – and the educated nurse – will play a paramount role in changing the face of health care, despite a system that continues to impede their efforts. What is needed, they believe, is a unified voice.

"Certainly we have the potential," says Dr. De Sevo. "But one of our big problems as nurses is that we are not a cohesive group. If we became a cohesive force, we could do pretty much anything."

"We also have to educate nurses about the importance of speaking out," adds Dr. Demarest. "As a group, we need to learn to speak out about what is important and what we believe in."

"We are certainly doing better at propelling nurses to the top, especially in the service area." But, she says, it's lonely at the top, because their numbers are not sufficient to really have an impact on a system "that tends to subvert them."

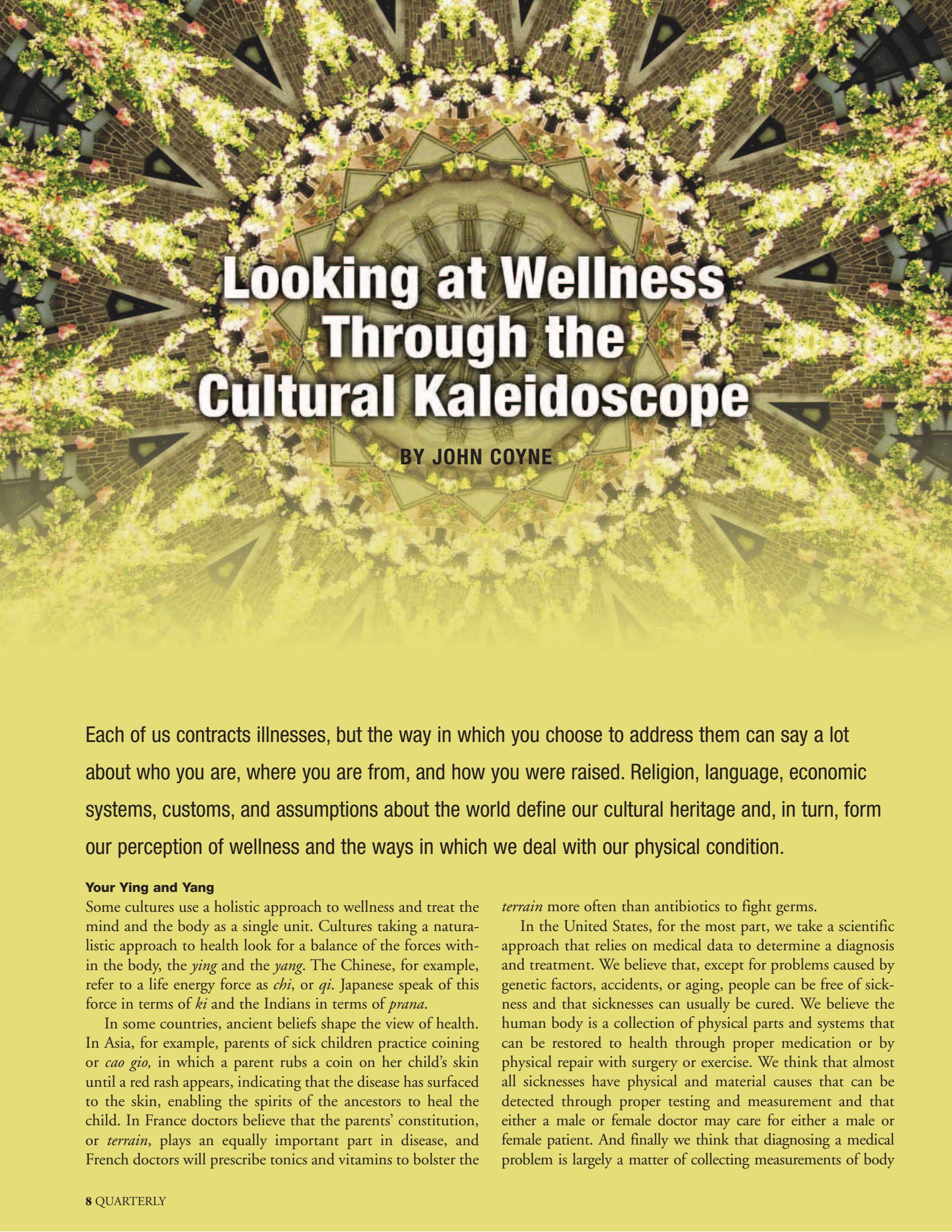
"So we have to continue to work at propelling greater numbers of better educated, better prepared nurses to high level positions. And I believe that as we get more of our graduates out there, they will bring about change."

"There tends to be so much that's negative that we sometimes get overwhelmed. But to discover and nurture those little bright lights that are shining is what we truly need to do. Certainly we feel that very strongly as we educate our students to be health care providers in the 21st century." ■

Irene Villaverde is the Assistant Director of Publications in the Office of Communications and Associate Editor of Quarterly.

"By the time most babies are six months old, they're on formula, and research shows that formula fed babies have increased incidences of respiratory illness and gastrointestinal problems," says Dr. Margot De Sevo.





Looking at Wellness Through the Cultural Kaleidoscope

BY JOHN COYNE

Each of us contracts illnesses, but the way in which you choose to address them can say a lot about who you are, where you are from, and how you were raised. Religion, language, economic systems, customs, and assumptions about the world define our cultural heritage and, in turn, form our perception of wellness and the ways in which we deal with our physical condition.

Your Ying and Yang

Some cultures use a holistic approach to wellness and treat the mind and the body as a single unit. Cultures taking a naturalistic approach to health look for a balance of the forces within the body, the *ying* and the *yang*. The Chinese, for example, refer to a life energy force as *chi*, or *qi*. Japanese speak of this force in terms of *ki* and the Indians in terms of *prana*.

In some countries, ancient beliefs shape the view of health. In Asia, for example, parents of sick children practice coining or *cao gio*, in which a parent rubs a coin on her child's skin until a red rash appears, indicating that the disease has surfaced to the skin, enabling the spirits of the ancestors to heal the child. In France doctors believe that the parents' constitution, or *terrain*, plays an equally important part in disease, and French doctors will prescribe tonics and vitamins to bolster the

terrain more often than antibiotics to fight germs.

In the United States, for the most part, we take a scientific approach that relies on medical data to determine a diagnosis and treatment. We believe that, except for problems caused by genetic factors, accidents, or aging, people can be free of sickness and that sicknesses can usually be cured. We believe the human body is a collection of physical parts and systems that can be restored to health through proper medication or by physical repair with surgery or exercise. We think that almost all sicknesses have physical and material causes that can be detected through proper testing and measurement and that either a male or female doctor may care for either a male or female patient. And finally we think that diagnosing a medical problem is largely a matter of collecting measurements of body

temperature, blood pressure, chemical composition of the blood and urine, getting an internal view through X-rays and other methods, and knowing the duration and severity of the symptoms. We have the answer for the doctor who asks, "Does it hurt more at night or during the day?" And we expect to be part of the decision-making process in helping to cure ourselves. But are we correct in our approach to wellness?

A Holistic Approach

Within the last several decades, other forms of health care approaches have gained recognition within the United States medical community. Today, doctors and nurses see value in holistic medicine, the use of non-invasive, non-pharmaceutical techniques such as medical herbalism, acupuncture, homeopathy, and reiki.

"We have, quote, 'rediscovered' holistic nursing," says Dr. Donna Demarest, Dean of the School of Nursing, which introduced one of the first graduate programs in holistic nursing in the country. "In fact, it was the model that Florence Nightingale used, and it is absolutely the model that any indigenous culture that I've ever studied used – a very clear focus on staying well through attention to mind, body, spirit, and the environment.

"The more sophisticated the population, the more a population is focused on the rigors of science." Yet says Dr. Demarest, we are overcoming that in the face of data that says holistic medicine works.

"For instance, some of our holistic nursing graduates are working in the heart transplant unit at Columbia Presbyterian, and they've discovered that the patient who is treated holistically preoperatively does much better postoperatively. They go under anesthesia with less trouble, and they seem to be more able to repair themselves postoperatively."

In the Western World

An eight-year study done by American medical journalist Lynn Payer and published in the mid-1990s outlined how even some of our closest neighbors in the western world vary in their approach to health and wellness.

In Great Britain, for example, English physicians don't place great importance

on the necessity of routine physical exams, seldom prescribe drugs, and order only half as many X-rays as Americans doctors. Physicians in France follow in the intellectual footsteps of Descartes by putting more stock in the theory that underlies a treatment than in any experimental evidence that it actually works. Medicine in West Germany has been called, writes Lynn Payer, an "unlikely blend of nineteenth-century romanticism, which puts emotion ahead of thought, and twentieth-century technology." And she sums up, "In seeing how another country's cultural prejudices affected its medicine, I found it easier to perceive how our own prejudices [here in the United States] affect our own practice of medicine."

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Training Health Care Professionals

But are our "prejudices" right? And especially today, when we live in a global society, can we be certain that our way of thinking about health is the only right way? With patients from second- and third-world countries increasingly knocking at the doors of our hospitals and clinics, how do nursing and medical schools teach and train health care professionals for careers in which most of their patients will be foreign-born and raised in a culture that treats wellness from a very different cultural perspective?

Take the situation of telling a patient bad news. Among traditional Ethiopians, for example, the family as a whole takes precedence over individual members, and medical information belongs to the family, not to any one patient. The traditional healer-patient relationship is

paternalistic and protective. The physician collaborates with the family in protecting the patient from medical bad news, so that the patient, even in terminal cases, can cling to the hope of a cure.

In Chinese families, the oldest son assumes the responsibility for decision-making, while a matrifocal pattern of decision-making is seen with Native American families where the grandmother is the central authority figure.

In the United States, according to Dr. Rohini Anand of the National Multi-Cultural Institute in Washington, D.C., "People think that if the issues are not all laid out, verbally and bluntly, the message won't come across. In other cultures, messages are more context bound, less verbal."

Locked as we are into our culture and beliefs, what can all of us, in all societies, do to care for the wellness of ourselves and others?

Many health professionals think that if they just treat each patient with respect, they will avert most cultural problems. But this is not always true, nor is it easy. Perhaps the best way to begin is not to stereotype people. For example, to say that "Koreans do this" and "the French do that" is misleading and perhaps dangerous.

In one case study in the May 2000 issue of the journal *Culture and Medicine*, an elderly Irish woman, who was hospitalized and scheduled to have surgery at the end of the week, started complaining of pain to her family a few days before the surgery but said nothing to her physician. Her physician was unaware that the Irish, as a group, tend to minimize expressions of pain.

Confronted by the family, the physician expressed little concern because in the physician's experience, women having serious pain are much more vocal than this patient and subsequently ignored the family's request that the surgery be performed sooner than scheduled. By the time the patient went to surgery, her condition had worsened, and she died during the operation, an outcome that in the opinion of her daughter-in-law, a nurse, might have been avoided if the physician had operated when the patient first complained.

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Cultural Kaleidoscope

(Continued from page 9)

While this is an extreme case, knowledge of cultural customs can help avoid misunderstanding and lead to better care.

Being Culturally Relevant

According to Dr. Marie F. Santiago, Associate Professor in the School of Nursing at CNR, "To be a culturally competent nurse, one must be able to employ a variety of verbal, nonverbal, and written communications techniques with clients, families, and communities. It is a skill that is highly valued in our profession."

Dr. Santiago teaches the course *Transcultural Perspectives in Health Care* that trains nurses to do just that. Cultural competence is, in fact, a major focus of the School of Nursing curriculum. "We integrate culture into all our theory and clinical courses," says Dr. Santiago, "so that at the end of the four-year baccalaureate program, we can be assured of culturally competent nurses."

While culture plays an important part in one's view of wellness, there are no absolutes. But perhaps we can all find agreement and solace in the views expressed by Rene Dubos, the French-born American microbiologist and Pulitzer Prize-winning author, in his book, *Mirage of Health*, who sums up wellness in this way: "Life is an adventure in a world where nothing is static; when unpredictable and ill-understood events constitute dangers that must be overcome, often blindly and at great cost; where man himself, like the sorcerer's apprentice, has set in motion forces that are potentially destructive and may someday escape his control. The very process of living is a continual interplay between the individual and his environment, often taking the form of a struggle resulting in injury or disease. Complete and lasting freedom from disease is but a dream remembered from imaginings of a Garden of Eden designed for the welfare of man." ■

John Coyne is Manager of Communications for The College of New Rochelle.

Knocking Down Barriers

By Susanne Lebrija SNR'05

When a supposedly bilingual physician chose to conduct an entire appointment with a Latina woman in English through her 15-year-old daughter, the daughter was forced to tell her mother the tragic news that her cancer had spread and that she had just six months to live. The daughter then became so distraught that not only could her mother not ask any questions of the doctor, but the daughter did not go to school for two weeks and refused to eat.

In excruciating pain during skin treatments, a Vietnamese man was unable to communicate his agony to his providers because no one understood him.

A newly pregnant Mexican immigrant with life-threatening complications was pressed by doctors to sign a consent form in English for emergency surgery, understanding that the surgery was required to save her baby. When she awoke from the operation, she found herself childless and sterile.*

These shocking examples are just a few of the devastating consequences of language barriers in health care. There must be nothing more frustrating than not being able to communicate with your physician. Yet with people who live in the United States communicating in more than 300 languages and more than 30 million residents speaking little or no

English that is exactly what happens to thousands of people every day. And even when patients and doctors speak the same language, explaining symptoms and understanding medical terms, treatment instructions, and prescriptions can be confusing and stressful.

For many, language is only one barrier to overcome. Cultural differences can be just as intimidating. Patients may be reluctant to ask questions or to admit to not understanding. They may have deeply-rooted beliefs regarding traditional attribution of cause and effect of ailments. They may be unaware of their rights and too afraid or embarrassed to disclose such things as their legal status or the fact that they also rely on native remedies or medications from their countries of origin. And compliance to treatment may be subject to cultural interpretation. All of these circumstances can seriously affect the outcome of health care.

And in many cases, this health care is desperately needed since racial and ethnic minorities (defined by the United States government as American Indian and Alaska Native, Asian, black or African American, Hispanic or Latino, and Native Hawaiian and Other Pacific Islander) are disproportionately prone to chronic health problems such as diabetes, high blood pressure, asthma, obesity, heart problems and – especially – anxiety, due to strange and stressful living conditions, lack of employment, separation from family, poor language skills, economic constraints, and lack of insurance.

In a vastly diverse society, it is unrealistic to expect all providers to understand a multitude of languages and cultural beliefs, yet there is a growing need to make linguistically and culturally competent health care available to all who require it. Though it may seem like an impossible task, it is one that Heng Lam Foong SAS'89 is working to overcome every day as director of PALS for Health, a non-profit program in Los Angeles. Heng's experience confirms that the growing need far outweighs the available resources for tested and trained health care interpreters.

"One day one of our interpreters, Ana Maria, was accompanying one patient when she ran into another Latina

woman who was holding an appointment card and asking for help to read it," says Heng. "Written on the card were the words 'Stage 4.' The woman had stage 4 cancer and all someone did was write it on her appointment card. Ana Maria encouraged her to talk to her doctor and ask for an interpreter so she could understand her diagnosis. The whole episode left Ana Maria extremely distraught herself since so much goes on in the clinics that we don't even realize."

Aside from providing trained interpreters and translators in Spanish and twelve Asian and Pacific Islander languages, PALS for Health projects include interpreter training and testing, language proficiency testing, written translation services, patients' rights education and provider education. And, they are working with other communities "to improve their capacity and knowledge of language access."

"The problem is pervasive," says Heng, "and the more it is discussed at all levels including patient, provider, academic, political, and social levels, the more awareness it creates."

Numerous governmental agencies and professional groups now consider cultural and linguistic competence an important aspect of medical care. Most medical schools currently provide students with skills that enable them to identify and address the way people of diverse backgrounds perceive disease and health care. Awareness is a good start. But there is a long way to go.

While the U.S. Department of Health and Human Services (DHHS) Office of Minority Health (OMH) offers 14 federal guidelines for providing culturally and linguistically appropriate services (CLAS), guidelines which call for health care organizations to provide language assistance, including bilingual staff and competent interpreters, at no cost to the patient; verbal and written notice in the patients' preferred language regarding their right to receive language assistance; competence of language assistance and interpretation services; and easily-understood patient-related materials, because these guidelines are not mandates, compliance is poor.

However, the Office for Civil Rights is charged by the federal government to

enforce Title VI of the 1964 Civil Rights Act, which prohibits federal fund recipients (in the health care arena this refers to health care and social service providers/facilities that receive federal funding) from discrimination based on race, color, or national origin. In brief, these health care providers must find a way to offer no-cost interpretation services as well as translate "vital documents" such as consent forms for limited English proficiency patients. Unfortunately, because the office staff is small, enforcement is primarily complaint driven.

And even when there are interpreters, whether professional or ad hoc, errors can and do occur. According to a study published in *Pediatrics* in January 2003, an average of 31 errors occur per clinical encounter with interpreters, most commonly an outcome of an interpreter's omission, addition, substitution, editorializing, or false fluency. And over 60 percent of those errors result in potential clinical consequences, as in a case when an interpreter instructed a mother to apply hydrocortisone to her child's whole body instead of just to a facial rash, or when an interpreter instructed a mother to give her child the antibiotic *in* the ears instead of *for* the ears – examples which underscore the need for competent, professional interpreter services for all patients with limited English fluency, as opposed to relying on family members, friends, or office staff.

Awareness and sensitivity to cultural diversity can only result in better health care and better outcomes. But only when all health care providers adopt and implement cultural and linguistic competence will the disparities in health be resolved. Until and unless every provider addresses these barriers, the health of many Americans remains in jeopardy. ■

**Information taken from New York Times article, 4/21/05*

A 2005 graduate of the School of New Resources, Susanne Lebrija founded and managed a nonprofit health care clinic for the needy near Mexico City for over 30 years. Currently residing in Norwalk, CT, Susanne volunteers at the AmeriCares Free Clinic as an interpreter, translator, and screener.

BODY, MIND, & SPIRIT: ALUMNAE PROMOTING WELLNESS

BY GARY ROCKFIELD

Whether it's of the physical, mental, or spiritual variety, CNR alumnae are promoting wellness from the health clinics of Stamford and Norwalk, CT, to the high schools of Rye Neck, NY, and Bluffton, SC, to the editorial offices of a neurobiology journal and the pulpit of a Hackensack, NJ, church. Here are their stories and more...

Monique Cassetta Class GSN'96

One day at Greenwich Hospital, rookie nurse Monique Class was called in by her boss and asked, "What are you doing with the patients on the night shift?"

"I thought for certain she was about to fire me," the Ridgefield, CT, resident recalls. "But instead she wanted to know why they were doing so well."

What Monique was "doing" back then in 1985, although she didn't quite grasp it at the time, was treating people holistically, dealing with them as people and not just a disease. Working on the hospice unit, sometimes that simply meant long evenings talking with patients who couldn't sleep.

"What I was tapping into was a gentler, less invasive way to interact with people, a way to put them in a more relaxed state. I began to realize that therapeutic communication was very powerful, especially for people facing the end of life. It was very healing to tell their stories, explore their emotions, have someone actually listen to them."

Today Monique taps into those healing powers as a nurse practitioner and clinical specialist at the Center for Women's Health in Darien, where patients come in for ob/gyn care as well as a wide range of programs from natural cancer treatment

to stress, pain, and weight management.

When the holistically oriented center opened in 1995, "people thought we were crazy." But holistic medicine has gained in popularity and respect, with its promise of a supportive environment and open communication between patient and professional. "It's not just, 'Here, take this herb,'" she emphasizes. "It's a different way of being with people."

Successful treatment, Monique says, is largely a matter of "putting the body back into balance." That means working closely with clients to find the source of imbalance in their bodies – and their lives.

"Women often come in saying they feel something just isn't right, but that conventional testing hasn't been able to find anything specific. They'll often tell me, 'I feel terrible but everyone says I'm fine.'"

The clinic will test for possible "functional" problems, such as a food allergy or abnormal enzyme level. But Monique will also probe clients on what they're eating, how they're sleeping, how their jobs and relationships are going. "Are they following their passion? Is there joy in their life?"

It's particularly crucial to pinpoint the stress factors behind



"If you can balance out the mother," Monique often finds, "the whole family will follow. If the mother is happy and centered, it all falls into place for everybody else."

Monique finds her time with teenage patients particularly fulfilling. "We work a lot on self-esteem and sexuality; they are not getting enough of this information in the schools." She also treats many teen eating disorders – patterns often handed down from the parents, she notes, recalling one girl who felt intense pressure to stay slender so she could be a professional skater.

"If you can balance out the mother," Monique often finds, "the whole family will follow. If the mother is happy and centered, it all falls into place for everybody else."

Monique's career fell nicely into place when the Rye native heard about a CNR holistic nursing lecture, which soon grew into an entire curriculum. "It gave me a framework, a language for what I was doing. I saw there was a difference between just curing and truly healing."

Before joining the Center for Women's Health, Monique moved from the Greenwich hospice unit to maternity at Stamford Hospital. "And I found that people who are giving birth – just as those who are dying – are very open to suggestions, to inspiration, to a more spiritual view of what is happening to them."

Monique has two young children with husband Eric, superintendent at a large construction company. "He's very yang and I'm the yin," she laughs.

To beef up her own yang, Monique also earned a family nurse practitioner degree at CNR. This complements her holistic qualifications by, for example, enabling her to do traditional prescribing.

"The new buzzword is 'integrative' – combining holistic and medical approaches in a sensible way, working more collaboratively with the traditional physician."

And, she adds, making the patient an integral partner in the process.

"People are beginning to realize that there is a lot they can do. You can change destiny. Health is not just a matter of chance but of making wise choices, re-patterning behaviors that are not working. People want information and inspiration, and that's what we offer."

the symptoms. "So many people, especially working moms, are pushing things to the limit – we're just so overscheduled. People get out of touch with their natural rhythms, then have to jump themselves up with sugar and caffeine just to keep going. You might be able to get away with that in your 20s, but not much longer."

And the more stress people are under, Monique warns, "the more their insulin levels go off the charts. We're seeing more patients coming in with metabolic problems that are a precursor to diabetes. We step in right away with diet and exercise, examine emotions, try to create new patterns of health."

If there's one stress factor Monique herself faces daily, it's trying to stay on schedule – holistic healing does not neatly fit a medical world still largely ruled by the clock. "You're working and working with someone, and they'll finally begin opening up right at the end of the session. You just can't say, 'Sorry, time's up!'"

Pamela Green SNR'98

In 15 years of hospital work, Pamela Green drew a lot of blood. She also discovered a talent for drawing the best out of people.

As the intravenous tubes slowly dripped, the IV tech would find herself talking with patients, counseling, encouraging, suggesting agencies or services that could help fill a hole in their lives.

"People used to ask, 'Are you a social worker?' So I decided to become one."

While working and raising two teenage daughters, Pamela

earned her bachelor's degree at CNR's School of New Resources Co-op City Campus, then a master's in adult education and human resources at Fordham. After two years counseling special-ed families for the New York schools, she joined Lakeside Family and Children's Services, a foster-care agency in Queens.

"When kids are taken out of a bad family situation – drugs, sexual abuse, domestic violence – the city sends them to us. We place them in a foster home and set up a program to straight-

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Pamela Green
(Continued from page 13)

en out the parents. Our goal is to put that family back together, but we will ask the courts to terminate parental rights if they don't do what they need to."

In Pamela's two years as unit coordinator at Lakeside, "we have seen some great successes. But we also see parents go through treatment and fall right back down again."

Pamela also counsels at Bridges, a Bronx facility for young people in trouble – everything from innocent runaways to cold-blooded criminals. They're only 16 at most, but for many, "this is their last stop before Riker's Island," the notorious New York City prison.

"I'm there on the night shift, and sometimes one of the kids will be crying and I'll go in and just talk with them, listen to what's going on in their case and

their life. To be honest, sometimes all I can tell them is, 'This too shall pass, you won't be here forever.'"

To turn around a dysfunctional family, Pamela says, "You can't come in with an attitude like, 'You're no good, you're a liar.' Whatever level they are on, I try to come to them at that level" – literally in one case, sitting down on a Brooklyn curbside to talk face-to-face with a drug-addicted mother.

"I simply asked what it was that we could do to help her. She looked at me and said, 'I'm going to do better. I want my son back.'"

Pamela lays it right out for her clients: "I will fight for you if you give me something to fight for – go to your program and stay clean.' I'll fight for them and I'll fight *with* them if I have to. I tell them I understand, that I went through a tough divorce and raised two girls. My life hasn't been all honey and sweets."

Pamela's empathy for those in pain took shape as a young IV tech, drawing cancer patients' blood and hooking them up for feeding or medication at Memorial Sloan-Kettering Hospital.

"To this day that experience has had such an impact on my life, especially seeing people my own age going through all of that. You'd walk into a room with the curtains drawn around the bed, and wonder, 'what am I going to see when I pull those curtains back?'"

"One day I walked in and the woman in bed there, terribly ill, looked up at me and our eyes just locked. And she said, 'People complain they don't have this or they don't have that – but I would give anything just to breathe normal.' And at that moment I felt I couldn't breathe, like the life was being sucked out of me."

Growing up in Harlem, Brooklyn, and Co-op City, Pamela had not felt drawn to her mother's Christian faith.



Wen Chen SAS'96

You won't find Tom Cruise or Jennifer Aniston posing in the pages of *Neuron*, but you just might learn how the human brain so instantly recognizes them and their fellow A-list celebs.

That's why Wen Chen finds her job as a *Neuron* scientific editor so intriguing – the many windows the journal opens on how we think, behave, and process the world around us.

Neuron might publish cutting-edge research on Parkinson's, Alzheimer's, and other medical mysteries, but it also gives insights into learning and decision-making, in short how the brain's countless circuits and substances help make us tick.

"Most of the papers we read are really quite fascinating," the Boston resident says – and part of her job is deciding which precious few will make the cut and appear in print.

"It's very challenging, more challenging than research, in fact, because you have to be so broad-minded and open-minded – open to what might have a truly significant impact on the scientific community.

To turn around a dysfunctional family, Pamela says, “You can’t come in with an attitude like, ‘You’re no good, you’re a liar.’ Whatever level they are on, I try to come to them at that level.”

But in three years at Sloan-Kettering, “I saw the difference between a person who was saved and one who was not – so much more inner peace as they were dying. I would leave their room and say, ‘If there is a Lord, please give me this peace.’”

At Flushing and Jacobi hospitals, Pamela continued as a phlebotomist. Offered a job in the hematology lab, she turned it down because “each client there is just a number on a test tube. My heart was out on the wards with the patients.”

Social work, like hospital work, “can be a very ‘burn-out’ job. When I was a full-time caseworker I had 37 families at

one time. If you don’t have a heart for people,” she warns, “you can’t do this job.”

Now nearing 50, Pamela plans to cut back on her workload but not on her passion for helping others. She’s leaving Lakeside but starting studies at New York Theological Seminary – to prepare for a new career in pastoral care, counseling the community through her local church in Queens.

“I just like learning things, being out there and doing things for the Lord,” she says with a smile. “Wherever the Lord leads me, that’s where I’m going.”



I finally feel like all of my training makes sense.”

That training began back in Wuhan, China, where her dad was a physics professor and mom taught engineering. “So I was always good at science, and a researcher was something I always wanted to be.”

Deciding an American school would best prepare her for that career, Wen applied to several at age 18.

“My first biology class at CNR was very daunting,” she admits. “I struggled to keep up with the vocabulary and the speed of your New York speech. I had quite a few cries at that time, but I had Sr. Mary Virginia Orna and many other wonderful teachers who helped me through.”

While at CNR Wen interned at Memorial Sloan-Kettering Hospital, researching issues such as how genes might be manipulated to reduce drug resistance so cancer patients might better tolerate chemotherapy.

Moving on to Harvard for graduate work, she became attracted to neurobi-

ology, the science of how the brain works and how it might be made to work better. (Neurons, by the way, are those impulse-conducting cells that are the heart of the nervous system.)

At Harvard, Wen researched Rett’s Syndrome, a rare cognitive disease related to autism that mysteriously afflicts girls at about 18 months of age. “All of a sudden they lose the ability to speak and interact with people.”

The gene that causes Rett’s had just been discovered in the late 1990s, Wen explains, “and we were able to identify the particular molecular pathway involved” – a major advance in hopes for prevention or treatment.

Graduating Harvard in 2003, Wen worked at several labs, studied protein-sequencing at MIT, and also took a special Harvard Medical School program designed to give scientists a better grasp of how their research applies to real-life clinical settings.

But meanwhile, Wen was torn over which setting would be best for her future. Should she tackle some highly focused

new project in fundamental “bench-work” research, or find a niche that would allow her to continue learning more broadly?

That’s why the job offer from *Neuron* held such appeal. “As an editor at a high-impact journal, you get to read everything important about a particular field.

“Scientists see this as a real power position – they submit their studies, we arrange peer review and decide if the work is new and important enough to be brought to the attention of the entire neurobiology community.” Each editor is independent to an extent, although they might consult on final decisions.

Despite microscopic circulation compared to *People* or *Newsweek*, Wen calls *Neuron* highly influential. It’s often cited by the major media not just on pioneering medical findings but quirkier research as well, as when *The Wall Street Journal* reports on neuroeconomics – how people decide what to do with their money.

Neuron’s material is so endlessly fasci-

(Continued on page 17)

When Kelly Homan talks with a frustrated teenager, she sees a little bit of herself reflected right back.

"I was 11 when my own downward spiral started," the Bluffton, SC, high school guidance counselor recalls. "I had a rough two years" – a girlfriend was murdered, two beloved grandparents passed away, and then her two best pals were mowed down on the sidewalk by a drunken driver.

Seeing both boys being put into body bags, just down the street from her Long Island home, was traumatic enough. "And the thought that I was the last person to see them alive – why couldn't I have just talked with them at the door for a couple more minutes? I went through all the woulda-coulda-shouldas, I became very angry, and it was a long time before I finally came to the acceptance part of the grief process."

So when Bluffton was rocked last year by a car crash that claimed seven lives, including two Bluffton High youngsters, the rookie counselor was ready to help guide her stricken school through its own grief process.

"I remembered how when my own friends died, no acknowledgement was made at school and no support was offered. I got plenty of support at home, but at school it was taboo, like nothing had ever happened, and I've realized

that's one reason I became so angry."

And that's why, in Bluffton, "we made sure our kids had plenty of outlets to express how they were feeling. Our principal told me, 'Do what you think is right, let's get them the support they need.'" The wonderful thing, Kelly adds, is how the entire community stepped forward to offer that support.

One of three counselors for 1,350 students at fast-growing BHS, Kelly is beginning her second year of college and vocational planning and other typical guidance duties. She's also a natural at just talking with young people, earning their trust and looking out for their emotional wellness.

"I'm the kind of person who has to know everybody, interact with everybody," which is why she fled a successful career in corporate accounting. "I was always crunching numbers, doing spreadsheets. The money was wonderful, but after 9/11, especially, I realized that life was too precious. At the end of each day I wanted to feel I had accomplished something."

Admitting she was "no angel" as a teen, young Kelly first chose CNR "to get on the right path." When accounting left her unfulfilled, she returned to study education and counseling. Her career hopes were answered when her parents, retirees in Hilton Head, SC, gave her a heads-up on the new high school opening in nearby Bluffton. "The day after I got my

degree I headed straight down and began subbing to get my foot in the door."

Young people, as Kelly knows, sometimes just need a place to vent. "I'm proud they say, 'Go to Ms. Homan – she's really cool and won't make you feel like crap.' I also have a good rapport with the teachers, so I get referrals from them as well as from students who have friends in trouble."

Last year that trouble included two date-rapes and two more girls who were raped by strangers. Self-mutilation, usually by girls, is another growing problem Kelly admits she was shaken to encounter. "They have a sense that cutting themselves will ease the pain they are feeling inside."

Kelly says students are often close-mouthed about drugs, "but I waitress part-time and I can tell you that they are very prevalent around this area. I tell my kids I've seen what drugs did to my friends, and I don't want it to happen to them."

BHS counselors will maintain a troubled youngster's confidentiality, up to a point. "If we feel they could harm themselves or others, we notify the parents. And students who are confirmed pregnant have three days to tell their parents – or we will.

"What kills me," Kelly confides, "is that I cannot help these children alone – I need help from the parents as well."

But with parents working long hours and single-parenthood on the rise that help is often lacking. "I had at least 15 students last year who were going through a divorce at home. The family dynamic changes, the whole lifestyle suddenly changes, and that's when a lot of kids just lose it."

Today's parent, Kelly adds, not only must listen and be there, but also must stay informed, well-read, and up-to-date on what young people are going through. For Kelly, part of that process is just getting out of her office and hanging out with the students.

"When friends hear what I do for a living they always say, 'I had no idea who my guidance counselor was.' I don't want to be that guy. I want to be the guy people say, 'She was awesome, she helped me get where I am today.'"



Wen Chen

(Continued from page 15)

"It's very challenging, more challenging than research, in fact, because you have to be so broad-minded and open-minded – open to what might have a truly significant impact on the scientific community. I finally feel like all of my training makes sense."

nating, she says, "because our brain is what makes humans so unique. It is often compared to a computer, but in a computer we *know* what all the chips are and what they do. In human beings we are just discovering the molecular building blocks and what they control. We could learn so much about behavior, decision-making, even the mental influence on disease or wellness."

The Dopamine molecule secreted by the brain is linked to addictive behaviors, for example. Pheromones, another molecule, influence how you choose your mate. (Speaking of mates, Wen's husband is named Kuan and he's a neurobiologist she met in Boston). Appetite and sleep also have a chemical molecular basis, she points out.

And then there's the hope that genetic defects responsible for so many diseases can someday be identified and repaired. "We've isolated several building blocks that play a significant role in Alzheimer's, for example," Wen says. "But can we design drugs to compensate for the defect?"

Hands-on research, Wen admits, still does call to her at times. "I haven't decided my future. Part of me does miss the lab, the excitement of making a finding and knowing you are the first to learn something before anybody else.

"But as an editor you get to influence how your entire field evolves, and you are learning so much as well."



Barbara
McCabe
SN'94

"Our patients are trying to better themselves in life, and the better they feel the better they are going to do. Our goal is to see them move up the ladder and be able to get insurance. Put us out of business – that would be wonderful!"

Barbara McCabe's patients often show up expecting the worst.

"They've already been kicked around the system, or they know how bad the free clinics are in their native countries," says the director of the AmeriCares Free Clinic of Norwalk CT. "We have to overcome these misconceptions."

The first step, she says, "is to try to make people feel comfortable and respected. You can't get patients to follow your medical advice if they do not trust you. Even the first time you put out your hand and welcome them can be so important. They may never have experienced anything like that before."

Barbara's walk-in clinic serves mostly "the working poor," those who make too much for state aid but not enough to insure themselves and their families. And the Chicago native can relate to their fears – "My father died when I was two, and my mother couldn't afford insurance for us as we were growing up. So we used free clinics all the time."

Barbara's patients show up with the typical assortment of colds and flu, aches

and pains, rashes and infections. Follow-up is arranged for longer-term problems such as diabetes, hypertension, or high cholesterol. "And once in a while you do get something scary, like someone who is having chest pains and needs to get to the hospital right away."

With limited space and staffing, only some 50 new patients can be treated each week. "It's mostly first-come, first-served," Barbara explains, "and unfortunately we do have to turn people away." When she arrives to open up, there might already be as many people on line as the clinic can handle all day. Even with an upcoming expansion from three rooms to five, "we will never be able to see everyone who needs help."

"But the misconception is that free clinics do not provide the same thorough care that patients with insurance would receive. The patients we are able to see do get quality care."

During 13 years of nursing at Greenwich Hospital, Barbara earned her BA at CNR and then a master's at Pace

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Barbara McCabe

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to become a family nurse practitioner. When AmeriCares opened its Norwalk clinic in 1994, a colleague at Greenwich suggested Barbara volunteer.

“And when I first walked in the door I had the strangest feeling that this really was where I was supposed to be.” AmeriCares agreed, and by 1998 Barbara was running the facility.

An international relief organization based in Stamford, AmeriCares runs free clinics in three Connecticut cities, but its ongoing financial support is limited. “So basically,” Barbara explains, “we get people to give us stuff.”

That means finding rent-free space, volunteer doctors and nurses, plus testing and other services from generous local hospitals and other sources. As director, Barbara works to continually strengthen that essential local network of volunteers and donors.

“I see myself as a cheerleader, trying to rally all the services that people in the community want to provide,” such as testing services from Norwalk Hospital and Quest Laboratories.

“But remember,” she emphasizes, “it’s the nurses and the doctors who do all the work. They are all volunteers, and they are really wonderful.”

Not only must clinic hours be staffed, but specialists also must be available to come in if needed. “You never know exactly what kind of problem is going to walk in the door at any time.”

Translators are also a must, because some 80 percent of consultations take place in Spanish. “Most of the patients do speak English,” Barbara says, “but when it comes to discussing their health they are more comfortable in their first language.”

“Our patients are trying to better themselves in life, and the better they feel the better they are going to do. Our goal is to see them move up the ladder and be able to get insurance. Put us out of business – that would be wonderful!”

With Americans everywhere working harder at feeling better, Barbara says this growing wellness awareness is a big positive.

“The idea of optimizing our health and preventing illness is so much more cost-effective than treating it. Even at the clinic we focus on prevention as much as possible, especially with diabetes and hypertension, or PAP tests and prostate exams.” Such measures, she says, benefit the entire community by cutting the workload at hospital emergency rooms.

But with perhaps 45 million Americans lacking coverage, Barbara says something must be done nationwide to guarantee access to insurance and medical care. “I’m hoping bigger brains than Barbara’s can figure it all out,” she says with a laugh.

Until then, clinics like Barbara’s will do what they can. “We can’t save everybody, but we can save one individual at a time. And they are so, so grateful. Truthfully, that’s why I’m here.”



Valerie Feit GS'00

Valerie Feit will never forget the thrill of “being tossed up in the air by all these beautiful guys, while the entire chorus is belting out the finale to *Carmina Burana*.”

But when she left the famed Alvin Ailey dance troupe to run her own ballet school, she felt she was falling with no one there to catch her.

“For three years I did everything by the seat of my pants and finally admitted it just was not working.” Deciding she needed “an education in education,” the Beacon resident and South Africa native – who had leapt right from high school to the professional stage – earned a BA at SUNY and a master’s at CNR in guidance and counseling, specializing in gifted and talented education.

Today, not only is her Ballet Arts Studio thriving, but Valerie also is K-12 enrichment coordinator for the Rye Neck schools. It’s much like work with the gifted and talented, she explains, but aimed at giving teachers the tools to inspire students at all ability levels.

“It really ties together with my dance teaching because the key is working with young people to help find their passion, and building a long-term relationship just as you have with a ballet instructor.”

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Kathy Reilly Fallon, M.D., SAS'90

Dr. Kathy Fallon's prescription? Take two flip-flops – and toss them in the garbage.

And while you're at it, trade in those high heels for something a little more down-to-earth.

"I see men with foot problems, too," says the Manhattan foot and ankle surgeon, but women make things so much worse by trying to squeeze into punishingly narrow or high-heeled shoes. "They're working in the big city and they want to look good, but they're paying a high price for those Pradas and Manolo Blahniks."

High heels, explains the former CNR biology major, alter your entire center of gravity, magnifying the shock of every step. Calluses, bunions, heel problems, hammertoes, and other deformities are the painful result.

But her Podiatric Enemy Number One is flip-flops, especially those cheap, flat things that – admit it, now – you

and the kids probably were shuffling around in all summer.

"There's no support at all; you might as well be barefoot. And with just that one little thong between the toes, the foot has to work harder just to keep them from falling off. But people want to look hip, and they think these are just the coolest thing."

Some 55 million Americans suffer foot problems yearly, and Kathy sees up to 50 of them a day as an attending physician at St. Vincent's Midtown Hospital, where she also runs a private practice. Intent on "keeping some balance in my life," Kathy also finds time for family, music, and a unique 9/11 fundraising project.

Kathy's patients limp in with an assortment of pains, infections, skin conditions, and malformations. As aging boomers step up their workouts, she also treats an increasing parade of shin splints, turf toes, Achilles tendons, and other injuries.

Foot pain, numbness or tingling, she warns, can also signal some wider problem such as diabetes or a cardiovascular condition. When one man came to her after 15 years of heel pain, she discovered the culprit was a very rare and malignant sweat-gland tumor. Thanks to Kathy's quick work, the patient was rushed into surgery before the cancer could spread.

But her best work, Kathy believes, came after the 9/11 attack on New York, when she was invited to join a Ground Zero medical team headquartered in historic St. Paul's Chapel. There she worked for the next two months, treating rescue workers' foot problems.

"The ashes were so hot their boots were melting. There was a lot of fatigue, blisters, skin infections from those long, hot, 12-hour shifts."

But the chapel, she recalls, offered more than just medical care – a moment's refuge from the devastation outside. "It was like a M*A*S*H unit for the soul; we would even celebrate Mass each day at noon. It was a trying time, but the outpouring of love and support was tremendous." Friends and family, even in her parents' native Ireland, spotted Kathy in a TV news feature on the medical unit.

An avid vocalist since age 5, Kathy competes in Irish singing contests, met her husband Jim in a church folk-music group, and sends her young son James to study piano at Juilliard music school. "I've always seen music as my stress-buster," a comforting escape from 12-hour shifts and Manhattan traffic.

So in the weeks after 9/11, it dawned on Kathy that music might also prove a comfort to others – especially to the infants, some not yet even born, who had just lost a parent in the attack.

Making connections in the music and business worlds, she produced a lullaby collection CD. Jim, a high-tech executive and aerospace engineer, even built a recording studio in their Armonk home, where pros such as pianist Frederic Chiu gathered to lend their talents. Proceeds from the CD – more than \$10,000 thus far, Kathy says – go to the Twin Towers Orphans Fund. (*See www.heavenlylullabies.org for more information.*)

"This," she explains, "was a project done purely out of love, especially for the babies of 9/11 who will never be held by their fathers."

One more labor of love she hopes will pay off is a planned medical mission to Ireland. Much like she pulled together the lullaby project, Kathy now is recruiting doctors in a range of specialties for the fall 2006 trip.

The mission is important, Kathy explains, because hard-pressed Irish hospital staffs are far behind on surgeries. And, as the daughter of Irish immigrants adds simply, "I like giving back to my heritage."



In the weeks after 9/11, it dawned on Kathy that music might also prove a comfort to others – especially to the infants, some not yet even born, who had just lost a parent in the attack.

Valerie Feit

(Continued from page 18)

That long term mindset is crucial because, as Valerie learned in the arts, perseverance is the key to personal growth. “Unfortunately, we are a very instant-gratification society, and kids today can become frustrated too quickly.” That’s why she continually preaches patience, self-discipline, organization, and flexible thinking.

“I was out on the streets of New York at 16, looking for a dance job – that’s the basis of my belief that young people can do a lot more than we give them credit for. But they need people who can help identify their strengths and who really believe in them.”

Moving to the Bantu rhythms on her

nanny’s radio, Valerie believed right from the start that she would be a dancer. The family moved to America after her father wrote a book condemning apartheid and became *persona non grata* with the South African government. Valerie began training at age 6, and by 9 was taking college-level dance classes. She first turned pro with the Eliot Field Ballet in New York.

“I was very good with numbers, and my parents wanted me to go to college and become a mathematician. But sometimes the things you are good at are not the things you are passionate about.”

Valerie’s passion took her to the peak of her profession, as a soloist with the Alvin Ailey American Dance Theatre. “My goal was to dance around the world, and that certainly came true. It

“I was out on the streets of New York at 16, looking for a dance job – that’s the basis of my belief that young people can do a lot more than we give them credit for. But they need people who can help identify their strengths and who really believe in them.”

was all part of my feeling that if people could just dance each other’s dances we’d all get along so much better.”

But much like pro sports, dance is a young person’s game, and Valerie was just 29 when she decided to move on. “I was in heaven but I knew that nothing lasts forever. And the priorities in my

Rev. Dr. M. Frances Manning SNR’81

When she hears about the growing demand for alternative or holistic health care, Frances Manning just has to smile.

“In my profession, we’ve *always* been holistic,” the reverend remarks. “The Bible has always taught that the body cannot be separated from the mind and the soul.”

Guiding some 400 souls as senior pastor at New Hope Baptist Church in Hackensack, NJ, Frances firmly believes that the inner peace religion offers can also enhance our physical well-being.

Through New Hope she has shown how a church can work to improve that well-being communitywide, through awareness and prevention programs targeting such threats as HIV, diabetes, and high blood pressure.

Frances additionally heads an HIV ministry project involving more than 70 area churches, “so I not only can influence my own congregation but many others as well. My goal is to lift the veil and have more churches face up to this issue.”

Growing up in a Christian family, the Harlem native says, “The church was always a part of my life.” But the pulpit did not always seem part of God’s plan for that life.

Instead, Frances first spent more than a decade in the corporate world – overseeing the multi-million dollar print advertising budget for Norton Simon, a conglomerate that included such brands as Avis and Max Factor.

“I always had my eye on the bottom line, making sure that what was actually being spent matched what was budgeted.”

Eager to learn more about her faith, Frances meanwhile studied religion at CNR and enrolled at New York Theological Seminary. Married at the time with one son, now grown, her career and family life were gliding along uneventfully.

“But then one day – I hope this doesn’t sound spooky – God called me. Not an audible voice, but a distinct impression in my mind. I was at home, in my bathroom, and His exact words were, ‘*Will you preach my Gospel?*’”

Praying for confirmation of what she had just heard, the very next day Frances got that sign – when an NYTS professor took her aside and mentioned that he and his colleagues thought she would make an especially good preacher.

Taking that inner voice to heart, Frances was ordained in 1985. She assisted at several Harlem churches before being called to suburban Hackensack, where she has preached for 12 years and now lives as well. The lessons learned in business, she adds, have served her well in running a church. “When God is directing your life towards His purpose, nothing is ever wasted.”

Frances describes New Hope’s congregation as middle-class and multicultural. “I once heard that more than 75 languages are spoken in this community.”

But whatever your native tongue, she says, “There is a God-shaped vacuum in all of us that is waiting to be filled. There is a restlessness that pushes us to seek God, to come back to the One who created us. As pastors, we are the spiritual tour guides on that journey.”

Frances says she “wears two hats,” not just preaching but also directing a Community Development Corporation set up so her church can provide a wide range of programs – from summer camp and tutoring for local youngsters to wellness and consumer education for adults. New Hope has been featured on TV news for its consumer outreach on the pitfalls of revolving credit.

As a pastoral care specialist, Frances also does individual counseling – substance abuse, HIV, relationship or financial problems,

own life were shifting as well.”

Along with the excitement on stage, Valerie’s favorite moments with Ailey were the troupe’s school workshops, often in remote rural backwaters.

“We’d get off the bus somewhere and the kids would look at us like, ‘What planet are you from?’ But they would get right into it and dance with us all day. Some of them were particularly in need of male role models, and the men in our troupe were incredible athletes. They’d show off a few moves and the class would be spellbound.”

Treasuring the time spent working with young people, Valerie “began to see that a complete career would include learning, doing, and finally teaching. I was ready to pass it on.” But when she

took over a Beacon ballet school from the retiring Madame Seda in 1985, she found she was not quite ready after all.

“I was overwhelmed. I’ve suddenly got 25 students who have to adapt to my faster technique, plus here I am, a world traveler, living in this little town. There was so much I had to learn, dealing with parents, bringing in more business.”

But with her CNR experiences lending much-needed confidence, Valerie got her school back on its feet. To help pay those bills – and explore her growing interest in shaping young minds – Valerie acted on a tip from Susan Baum, her CNR mentor and professor. Susan had heard that the innovative Rye Neck system was looking for an enrichment counselor, and Valerie is now starting

her sixth year on the job.

Working with curriculum consultant Scott Beall, whom she also met through Susan, Valerie over the past six years has expanded the scope of her own school, pairing the Ballet Arts Studio with what they call the ISEE Center – Integrated Strategies for Enrichment Education. ISEE, Valerie explains, offers youngsters a wide range of activities stressing the interdependence of all things and all people.

Oh, and along the way, Valerie and Scott have become interdependent as well. “When I was at CNR, Dr. Baum promised me it would change my life. Well, she found me a job and a husband, too.”

“In my profession, we’ve always been holistic,” the reverend remarks. “The Bible has always taught that the body cannot be separated from the mind and the soul.”

“you name it. The entire human condition presents itself.”

Illness and dying are two universal facets of that condition, and Frances emphasizes she has no magic powers. “I help people come to grips with where they are and reassure them about where they are going. We want people to live in hope but prepare for the ultimate, and trust that God will have the last word.”

The medical field, Frances has seen, “is finally realizing that people are not just bodies but spiritual beings. Eastern medicine has always operated on this principle, but here in the west we are afraid to admit we are spirit beings, enclosed in flesh.

“We tend to think from the outside in, and that’s when we get in trouble. When you work from the inside out, you will find more peace.”

Americans’ growing passion for wellness has various roots – our aging and affluent society, the Internet information boom, the frustrations of insurance and “managed care,” to name just a few.

But, as the reverend puts it, “I’m always looking for the bottom line, the bigger picture. And I see there is a hand behind all this, a hand that is leading us back to where we were created.”

For once again, as she reminds us, “God is going to have the last word in all of this.”

Gary Rockfield is a free-lance writer/editor who frequently reports on education and business-related issues, as well as unique personalities from all walks of life. An award-winning former newspaper editor, he lives in Brewster, NY.



A WHOLE LIFE: Practicing Holistic Health

By Lauren McGovern SAS'91



Overworked, overtired, and overweight – Heather Dominick SAS'93 knew something had to change. The summer of 2000 became the summer she stepped off the scale with a plan to reconnect with her body and her life. Heather recently left teaching to launch a career as a holistic health practitioner – transforming her promising and fulfilling career in education into her dream job helping others reach their optimum health.

During the summer of 2000, Heather Dominick realized her life was out of balance. Though she loved her job as a high school drama teacher, her days were packed. She commuted three hours round-trip from New York City to Long Island, teaching five classes and directing rehearsals that lasted more than two hours every day. Heather was drained and exhausted, had gained 20 pounds, and couldn't sustain a romantic relationship. Her body's response to food and rest puzzled her – she wasn't staying up until all hours of the night and ate a fairly healthy diet of carbs, salads, some meats, and occasionally satisfied a salt or sweet craving. Heather knew she couldn't change her workday, but she could change her approach to her health.

Turning Point – Food is Fuel

Over the summer, Heather decided to apply some of her own drama instruction on herself – she'd worked with students to identify a character's motive and what it would take to achieve that desired goal. "My personal motive was to increase my energy. I let the words 'Food is Fuel' guide me and I became my first client." She read as many nutrition and diet books as she could, experimented with what she ate and kept a comprehensive journal to review and examine her progress. By the end of that summer she'd lost the weight and her energy was soaring.

"I then began looking at the rest of my life the way I had learned to look at

my food: what will best support me? I no longer felt that my situation was a total mystery. Instead, I knew it was a matter of making conscious food and lifestyle choices."

After that life-changing summer, Heather enrolled in the Institute for Integrative Nutrition in New York City. After receiving serious, intense training in Holistic Health Counseling from some of the top practitioners in the field of nutrition, she left teaching in June 2004 to launch her consulting practice, Individual Health, with the guiding principle "Be Focused, Stay on Task... *Have More Energy!*" Heather provides in-person, phone and email consulting, facilitates groups for teens and adults, and maintains the website www.individual-health.net.

Launching something experiential is not unique for Heather. At CNR she conceived and directed a Readers' Theater Program. Works by well-known artists like Marge Piercy and Maya Angelou were showcased along with students' poetry and prose. "It's daunting running my own business, but it's also an energizing, positive challenge. Like the Readers' Theater productions at CNR, it's great to see something come together. Being on my own means every day is different; there's plenty of unpredictability. I left CNR with the knowledge I *could* build my own career path."

Holistic Health 101

As a holistic health practitioner, Heather differs from a nutritionist or a dietician

in that she focuses primarily on food and how this form of nourishment intersects with the social, emotional, cognitive, and spiritual dimensions of a person's life. "My work goes beyond food and incorporates lifestyle choices and situations. This way, the results that my clients receive stay with them for the rest of their lives."

Since launching Individual Health, she's helped clients address a wide variety of health concerns from weight loss/gain and chronic fatigue, to menopause, PMS, and infertility, to irritable bowel syndrome, headaches, and allergies.

She explains, "Food affects our mood, our fertility, our energy during different seasons, our creativity, and more."

Responding to criticism that she is just jumping on the consultant bandwagon or offering services for problems people can handle on their own with self-help books and the Internet, Heather responds, "The work that I do comes from the credibility of having lived it myself. I know what it's like to feel miserable and out of control with my life and my food and I also know what it feels like to feel calm and in harmony with my life, my health, and my nourishment. Doesn't everyone deserve to feel that way?" ■

A graduate of the School of Arts & Sciences, Lauren McGovern is a freelance writer and photographer in addition to her work as Assistant Admissions and Development Officer at North Country School and Camp Treetops, in Lake Placid, NY.



KEEPING SCORE

Are Women's and Men's Sports on Equal Footing?

Before the passage of Title IX in 1972, which gave equal footing to women in recruitment and support on college campuses, only approximately 16,000 college female athletes participated on varsity teams. Today that number has risen to more than 150,000. Yet the fact remains that the awareness of women's sports is not equal to men's sports either on the college level or professionally. *Quarterly* Editor Lenore Boytim Carpinelli SAS'89 and staff writer John Coyne sat down with Kristin Osterman, Assistant Director of Athletics, and Dr. Amy Bass, Assistant Professor of History and Director of the Honors Program, to get their best thinking on the reasons why and much more...

What are the reasons women's sports don't get the same attention as men's do?

Kristin Osterman: Men's sports are still a major draw because of their advanced athleticism, their higher competition level, and their demand for larger audiences. Television contracts for college and professional sports are a big money draw.

Amy Bass: Media coverage has a lot to do with it, too. Men's sports are almost 92 percent of all media coverage of sports and 100 percent of weeknight coverage of sports. Women receive

only weekend attention, and about half of that is tennis. Women also receive very little attention on the sports pages and sports news broadcasts.

And of the women that do get mentioned – Maria Sharapova received more media attention than any other female athlete. What is it about Maria Sharapova? She's hot. She's blond. When they're talking about Maria Sharapova they're talking about her in a much different way than they're talking about other athletes. It's a very sexualized gendered language.

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Men's sports are still a major draw because of their advanced athleticism, their higher competition level, and their demand for larger audiences.

Keeping Score

(Continued from page 23)

Amy, you've attended several Olympic games as a member of NBC's Research Team. Have you noticed any change in the Olympics in terms of women's sports?

Amy Bass: During my first games in Atlanta in 1996, women were the face of those games. The Title IX generation was considered to have come of age, since that group of women went to school under Title IX. More than 3,500 women participated in Atlanta. Last summer in Athens, some 4,400 women competed – the most ever. But I don't know that those numbers translate into progress, and I think we have to be really careful. When you look at beach volleyball, probably the highest profiled female event in Athens, again we're sexualizing athletes. We're looking at what these women are wearing. Why are women's doubles teams in beach volleyball getting such very close lens attention when they touch, when they fall together, when they cheer each other on? So, I don't know that sheer numbers always means progress in terms of how these women are being portrayed.

One place to look for progress though is on the other side of the desk, where the number of women commentators is climbing. And that's really significant. Who's telling the story of sports in America? More and more women are doing that. And while they're not anchoring the desks, there are more women out in the field.

What about the glass ceiling for women in athletics on campuses, such as in positions as administrators and trainers?

Kristin Osterman: Women are using athletic administrative roles to facilitate an avenue that keeps them connected to athletics after they graduate college. Since women do not have the opportunity to move on professionally in their sport like men

do, more women are using their talents in their respective sports by coaching, becoming trainers or administrators. Traditionally men have held these positions and have continued to hire males, although the increasing number of professional development programs available for women is changing. Organizations such as the Women's Sports Foundation, the Women's Basketball Coaches Association, the National Association of Collegiate Directors of Athletics, and the NCAA provide a support network for women and hold various conferences to assist women in these roles.

Beyond the advantages for physical well being, how do you feel being involved in sports translates to life in general? What are the benefits going forward for students?

Kristin Osterman: It's empowering, and it's of overwhelming benefit for women and their self confidence. Working as part of a team teaches them valuable life lessons, everything from a work ethic to winning and losing and how you deal with those things. It instills determination. There's a special camaraderie that comes from being a part of a team, and you often create lifelong friendships. When you're spending a lot of time with the same people day in and day out, you're competing together, there's a certain connection there that allows you to just grow almost like a small family. So there are a lot of benefits.

Do you feel women are subject to the same sort of investigations because of use of drugs in sports as men are?

Amy Bass: Historically no. Drug testing and gender verification testing both debuted in 1968. Women were gender verified and men were drug tested. When you put it within the context of the idea of a woman and an athlete, it starts to make sense. Historically, whether you look at Billie Jean King in the 1970s or Babe Didrikson earlier in the century, it was a masculine thing to be an athlete. It wasn't a feminine endeavor.

Gender verification started when women started to get really good in athletics because the theory was that a woman who was this good at being an athlete must not be a woman. So that's the kind of testing historically that women have been subject to, having the inside of their cheeks swiped so that they could count chromosomes. And there have been very isolated incidents of women failing these tests.

You first started to see drug testing of women in the late 1970s and the early 1980s when gender verification couldn't solve the dominance of East Germany, for example, or the dominance of Chinese divers, when you began to see these packs of women from particular programs succeed, like Romanian gymnasts.

Kristin Osterman: As far as colleges, there are NCAA rules and regulations that you have to abide by. So when it comes to drug testing for college sports, the student athletes have to sign documents that state that they would willingly submit to a drug test if it was deemed necessary.

One place to look for progress is on the other side of the desk, where the number of women commentators is climbing. And that's really significant. Who's telling the story of sports in America? More and more women are doing that. And while they're not anchoring the desks, there are more women out in the field.

Let's go back for a moment to how women's sports are marketed and the woman athlete as a sexual object. If you have a woman on campus who is attractive and a great athlete, doesn't she then become a model for other women who do not participate in sports to encourage them to get into shape? Isn't that a positive?

Amy Bass: It can be. It also depends – there are a lot of identity factors that go into an attractive woman playing sports. White women, for example, were discouraged from doing track and field for a long time because it wasn't considered a feminine endeavor. But because black women were held to a different feminine standard in the 1960s – women such as Wyomia Tyus and Wilma Rudolph at Tennessee State University – you had this black dominance on the track by African-American women because their standard of beauty was by the mass standard different from that of white women.

So it depends in terms of students, what do they consider to be aesthetically attractive? What do they consider to be powerful? A softball player might have a completely different idea of what the perfect softball player looks like versus a golfer. So there's a lot of things that go into it in terms of race, ethnicity, age, where you're from, what your cultural heritage is, what your sexual orientation is. All of these things feed into what those ideals are.

But I think that the more students that you get to take up the role of athlete and the more diversity that you get into that title, the more you're going to start to see that kind of model. Because you're going to have so many differences to choose from.

You'll also have more images.

Amy Bass: Absolutely. Just look at the Williams sisters, who are compared so often because they're related. Serena and Venus are two entirely different body types, two entirely different games. Serena's considered powerful – and just listening to commentators talk about her, all of Serena's plays are aggressive and powerful and tiger-like, using all of those classic words that come from a very racialized gendered place. Whereas Venus is smooth and smart and elegant and strong because she's the lithe one. They're as close to equals as you can get in the athletic world but you look at the two different things that they represent and you see just how difficult this is.

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Join Us to Cheer on CNR's Blue Angels!

SWIMMING

Fri., Nov. 4	@ York & Old Westbury (Tri-Match)	6:00/6:30 PM
Sun., Nov. 6	Mt. St. Vincent (H)	2:00/2:30 PM
Thurs., Nov. 10	@ Marymount	6:30/7:00 PM
Tues., Nov. 15	@ College of St. Elizabeth	6:30/7:00 PM
Fri., Nov. 18	@ College of Staten Island	5:30/6:00 PM
Sun., Nov. 20	SUNY Purchase (H)	2:00/2:30 PM
Tues., Nov. 22	@ SUNY Maritime & St. Joseph's (Tri-Match)	6:00/6:30 PM
Fri., Dec. 2	HVWAC Swim Invitational (Sun., Dec. 4 – snow date)	TBA

All home swim meets are held at Sarah Lawrence College, Mead Way, Bronxville.

BASKETBALL

Sat., Nov. 19	CNR "Blue Angel" Tip-Off Classic @ Sarah Lawrence	
	NYC Tech vs. Polytechnic	3:00 PM
	CNR vs. SUNY Maritime	5:00 PM
Sun., Nov. 20	CNR "Blue Angel" Tip-Off Classic @ Sarah Lawrence	
	Consolation	1:00 PM
	Final	3:00 PM
Mon., Nov. 28	Yeshiva (H)	8:00 PM
Wed., Nov. 30	@ SUNY Purchase	7:00 PM
Thurs., Dec. 1	Bard (H)	7:30 PM
Sat., Dec. 3	Dr. Betty Shabazz Tournament @ Sarah Lawrence	
	Bard vs. Medgar Evers	6:00 PM
	CNR vs. Yeshiva	8:15 PM
Sun., Dec. 4	Dr. Betty Shabazz Tournament @ Sarah Lawrence	
	Consolation	2:00 PM
	Final	4:00 PM
Tues., Dec. 6	SUNY Old Westbury (H)	8:00 PM
Thurs., Dec. 8	@ Marymount	7:00 PM
Sat., Dec. 10	@ NYC Tech	12:00 Noon
Wed., Jan. 18	@ SUNY Maritime	7:00 PM
Sat., Jan. 21	@ Brooklyn	1:00 PM
Sat., Jan. 28	@ College of St. Elizabeth	TBA
Tues., Jan. 31	@ St. Joseph's Brooklyn	7:30 PM
Thurs., Feb. 2	@ Yeshiva	8:00 PM
Mon., Feb. 6	York (H)	8:00 PM
Sat., Feb. 11	Mt. St. Vincent (H)	1:00 PM
Tues., Feb. 14	@ Medgar Evers	7:00 PM
Thurs., Feb. 16	HVWAC Tournament/Play In	TBA
Sat., Feb. 18	HVWAC Tournament	TBA
Sun., Feb. 19	HVWAC Tournament	TBA

All home basketball games are played at Sarah Lawrence College, Mead Way, Bronxville.

SOFTBALL

Wed., March 29	@ SUNY Purchase (DH)	3:30 PM
Fri., March 31	@ Brooklyn (DH)	3:30 PM
Sat., April 1	Marymount (H) (DH)	1:00 PM
Wed., April 5	@ Medgar Evers (DH)	4:00 PM
Fri., April 7	Sarah Lawrence (H) (DH)	4:00 PM
Sat., April 8	@ St. Joseph's Brooklyn (DH)	1:00 PM
Tues., April 11	SUNY Maritime (DH) (H)	4:00 PM
Mon., April 17	York (DH) (H)	4:00 PM
Fri., April 21	Old Westbury (DH) (H)	4:00 PM
Tues., April 25	College of St. Elizabeth (DH) (H)	4:00 PM
TBA	Mt. St. Vincent (DH) (H)	TBA
Mon., May 1	@ Polytechnic (DH)	3:30 PM
Thurs., May 4	HVWAC Make-up Date	
Sat., May 6	HVWAC Tournament	TBA

All home softball games are played at Trinity Field, Shore Road, New Rochelle. (H) = Home Game / (DH) = Doubleheader

RESOURCES ON WOMEN'S SPORTS

Women's Sports Foundation

www.womensportsfoundation.org

National Association of Collegiate Women Athletic Association

www.nacwaa.org

National Association of Collegiate Directors of Athletics

www.nacda.org

National College Athletic Association

www.ncaa.org

www.womenssportsnet.com

promotes female athletes

www.womensportsjobs.com

a web site with career information for women in the sports industry



Keeping Score

(Continued from page 25)

What's your feeling about the practice used at colleges with male athletes being allowed to play when they really aren't maintaining good grades or in some cases even attending classes?

Kristin Osterman: It's against NCAA regulations. I think that athletes have to hold up their end in the classroom, that everyone should view playing sports as a privilege, not a right, that you actually have to earn and sustain a certain grade point average in order to participate. Are there students that get away with it just because if they don't play they don't sell enough tickets or they don't win the game? Sure.

But based on the fact that now there are academic advisors appointed to collegiate sports teams, there's no reason why athletes shouldn't be able to if not excel in the classroom as well as on the playing field, at least be able to maintain a certain level in their academic study. They're in college really to get their education and their degree and that should be the main focus.

At UConn, their women's basketball team generates a lot of income. Has there been any scandal on the women's side of any sports team?

Amy Bass: UConn's a relative newcomer, but Tennessee State is still the framework for all women's sports programs – those women in the early 1960s took etiquette classes, they took home economics. It was part of their athletic training. Those women started at Tennessee State before they were actually enrolled in the college. Wilma Rudolph had been training with the Tigerbelles since she was 15 years old.

I taught at a university that had the national champion hockey team. And those guys came in as freshman with different expectations. As a professor it was incredibly frustrating because it's an absolute losing battle. You're battling people far more powerful than you with far more hold on things like alumni resources than you.

So it's not just a problem at colleges. It's engrained far earlier than that. Being an athlete isn't seen as a privilege, it's an entitlement that they're doing something for the school. It goes all the way back to the playground when you have kids who all want to "Be Like Mike" rather than go to medical school. And it affects certain populations in very severe ways, that sports is the way out, that sports is the way to bypass college. When the NBA started taking kids right out of high

school it created a really nasty precedent for itself.

But it's different on the women's side?

Amy Bass: Yes, because for women, sports is not a way to become famous and rich instantly.

Kristin Osterman: Women really need a degree to continue in their profession. So the concentration is higher on academics. What are they going to do after graduation? They have to be able to get a job and make money.

What sports should CNR concentrate on developing?

Kristin Osterman: Right now, we have cross country, tennis, volleyball, swimming, basketball, and softball. We also have cheerleading, and we've just initiated a club soccer team.

But I would love to see more advancement for tennis and golf. CNR did have golf, and it would be great to bring that back. It would provide an opportunity to students who wouldn't normally have the opportunity to play golf because we are a Division III institution, and we welcome students to participate even at a somewhat beginner level.

Amy Bass: One of the things we need to look at is who our student constituency is. Where are they coming from, culturally what sports are they interested in? If we have a primarily urban population, if we have a suburban population, what kinds of sports are part of their past?

Intramural sports are a great way to see what the individual interests of students are and create teams, dorm teams, club teams. Intramural coordination is very easy – and especially amongst Division III schools. It's a fairly proven way of building up athletic interest before going to the uniform-tournament-coach level. It's organized, it's social. Generally intramural sports programs are very eclectic. They may not be soccer or softball, they might be archery or badminton, more of a life skills recreational sport. But it gets the idea out there of physical activity and competition, and it's a really good building point, especially at this level and with a school whose primary focus is academics.

How much do you think the development of the Wellness Center is going to help raise the visibility of women's sports on campus?

Kristin Osterman: It's going to be a world of difference. It's going to have a huge impact on the visibility because now instead of having to travel to different venues in the area we're going to be able to hold competitions, tournaments right here on campus. And spectators will be able to just walk across campus. Maybe they can't go for a whole game, but they can come at half time or for part of a game.

Amy Bass: You're also going to see a benefit for the non-competitive athlete. To have a comfortable space that you can go to participate in some kind of physical activity will raise the level across the board in terms of the idea of physical engagement. We're not a large campus where we're walking a mile to class. So having a place to get out of your dorm room, to get out of your classroom, to get out of the cafeteria is wonderful.

Kristin Osterman: It's a great outlet for students, even if you just go and work out for a half an hour or 20 minutes to be

physically fit and be comfortable with your body and your body image.

What could the alumnae/i do to support athletics on campus?

Kristin Osterman: Most institutions' alumnae/i play a significant role in supporting their athletic departments. After they've graduated, student athletes tend to give back because they realize how much that they learned and personally got from participating. So there's definitely an avenue there to have alumnae/i really be a part of building, either the Wellness Center or athletic programs.

Amy Bass: For those in the area, direct participation is always available whether it's helping coordinate an intramural league, to create teams within an intramural league, to advise, to volunteer coach.

Alumnae/student interaction is really important to the academic well being of the campus. We've seen it with the e-mentoring program where we hook up freshman with graduates who talk to each other by email in terms of their interests and their careers. And it works really well. The athletic department would be a great place to continue those kinds of interactions.

What in your view is the future of women's sports both on the college level and professionally?

Kristin Osterman: We continue to make great advances. Title IX has made a huge impact and now there are so many programs out there to get youth involved at a young age. There's Go-Girl-Go programs, YMCA programs, programs that promote girls and women to strive in athletics. I think that there's going to be that continual momentum and that it's going in a positive direction.

Professionally there are limitations, there are challenges, but it's growing. Women are going to find that they can find avenues after college to participate. There are several leagues in Europe where women can continue to play basketball, and they can participate in the WNBA here.

So there's a continuing positive effect aside from it being just physically rewarding.

Amy Bass: The key in the future is going to be the global explosion of women's sports. There was always an irony that American women had to go to Europe to play basketball and soccer professionally and now they don't. We're starting to see dominant women's teams rising in places that women didn't participate before. Eight countries in 2004 sponsored women on their Olympic teams that had never sponsored a woman before, mostly middle eastern Muslim nations.

It's really exciting to see Afghan women playing sports, women from Syria playing

(Continued on page 28)

Working as part of a team teaches them valuable life lessons, everything from a work ethic to winning and losing and how you deal with those things. It instills determination. There's a special camaraderie that comes from being a part of a team, and you often create lifelong friendships.





Keeping Score

(Continued from page 27)

sports, seeing a rise in the dominance of programs in Africa, looking at what European women are doing in sort of the post-national drug program days. That's going to have a direct effect on sports in the U.S. While the NBA has had an international presence in it for quite a while now, you're going to start to see an internationalization of women's sports as well.

Kristin Osterman: Contributing to that are organizations like the Women's Sports Foundation and those types of organizations that are really doing so much for women in sports and acting as a huge support network for all ages and levels. Professionally, there's always going to be that challenge that men attract the larger fan base than women.

But there are women's sports that do attract a major audience. When I traveled extensively on a promotional tour for the WNBA and went to different venues across the country, I was amazed

at how in one state at one arena the fans were extremely passionate and you couldn't buy a ticket, while at another venue in an area where it's not a focal point because there are so many other things going on, it's really a challenge to get people to come out and be supportive.

But given all the different sports that are now making progress, women are going to be a force to be reckoned with.

Amy Bass: On the flip side of that you're going to see a weakening of American women's success in amateur sports because of the increased popularity in professional venues. Women in the amateur realms have always been stronger than American men because they had no place to go, so the best American women fielded Olympic teams, fielded international teams, whereas the men were spread out. Now that women have professional venues to go to their success rate will begin to level off.

Kristin Osterman: And the Olympic games have created an enormous following. To be able to turn on a TV at any given time in the day and see women competing on television is amazing. The Olympic games have been a strong force in the visibility for women athletes.

Amy Bass: And as an audience too. Figure skating is the largest spectator sport in America when you include the television audience, because both men and women watch it. And not just during the Olympics, it's on throughout the season, and it's not a coincidence that it's the sport that gets the women and the men. Olympic programming is very complicated. It's not just footage, it's profiles, it's in-depth, it's behind the scenes. That's considered women audience generated, that women are interested in the personal stories. But this is the idea behind Olympic programming, that because you're going to have men and women watching you need to make it more interesting than just what's the score.

Kristin Osterman: It gives you a real intimate look at the personal triumph of the individual athlete. You just don't turn on the TV and they just got there by

ABOUT OUR EXPERTS

Dr. Amy Bass is Director of the Honors Program and Assistant Professor of History at CNR. Dr. Bass's areas of interest include African American history; modern American culture; racial, national, and ethnic identity; and historical theory and methodology. She holds a B.A. from Bates College, and an M.A. and Ph.D. from SUNY Stony Brook. She is the author of *Not the Triumph but the Struggle: the 1968 Olympic Games and the Making of the Black Athlete* and editor of the collection *In the Game: Race, Identity, and Sports in the 20th Century*, published this August. In Olympic years, Dr. Bass serves as supervisor of the NBC Research Team, and has worked at the Atlanta, Sydney, Salt Lake, and Athens Olympic Games; she will travel for NBC to Torino, Italy, for the 2006 Winter Games.

Kristin Osterman spent the past two years as Assistant to the Athletic Director at CNR, before leaving in August. While at CNR, Kristin worked closely with the Athletic Director on all aspects of the athletic program and served as administrative supervisor of the Student Athlete Advisory Committee. Before coming to CNR, Kristin was an event manager for the operation and production of sporting events across the country, including annual events for the NCAA, WNBA, NBA, and PGA. As an athlete, Kristin competed in three varsity sports in high school and continued her career as a student athlete for St. Thomas Aquinas College, where she also received a B.A., leading the women's basketball team to finish sixteenth in the National NAIA Division II Women's Basketball Tournament.

chance. You understand that there are a lot of hurdles and challenges, that every day they're training to get to the point where they are.

Amy Bass: And the world gets a lot bigger when you do that because the stories aren't just American. Athletes are some of the most traveled among us and their stories tend to be stories of going places and meeting people. And it's a really interesting position for women to be represented. ■

Making Way for the Future

CNR KICKS OFF WELLNESS CENTER CAMPAIGN



Bulldozer demolishes Health Center (above) and Chelsea Hall (at right).

In July, the College took the first physical steps to make way for the new Wellness Center by razing four buildings on the south end of campus: Chelsea Hall, Newman Hall, Notre Dame Hall, and the College Health Center – all of which served as great centers for living and learning during the many decades they were owned by the College.

Two weeks prior to the demolition, CNR President Stephen Sweeny led members of the CNR Community in a special prayer service in front of Chelsea Hall to recall the achievements of faculty, staff, and students at the site and to ask God's blessing on the construction of the Wellness Center.

"How important that we join in a prayer service of both thanksgiving for the graces given to us at this site over many years and of blessing on the Wellness Center project and all that will come to us at this site in the future," said Dr. Sweeny. "Here have been classrooms and residences for CNR students. Here have been the homes of the young Ursulines of the United States as they attended CNR, the Child Study Center, and the School of New Resources for more than 30 years. Hasn't God been good to us and can't we count on it again – for God is ever faithful – as we embark on this magnificent project!"

Groundbreaking for the Wellness Center, to be built along Liberty Avenue and Meadow Lane, is anticipated in early 2006, followed by an 18-month period of construction.

"Through the Wellness Center, the College will advance its longtime commitment to education of the whole person," said Dr. Sweeny. "Ours is an innovative model for understanding educational principles of wellness and a new approach to bringing that knowledge

(Continued on page 30)





Making Way for the Future

(Continued from page 29)

both to students and into the community. We're not just constructing a building. We are drawing on our strength as a women-centered, faith-based, liberal arts institution and matching it with the critical need to build a healthier society."

A State-of-the-Art Facility

When completed, the \$25 million Wellness Center – the first new building on campus in four decades – will integrate multiple disciplines to help students understand and practice the principles of healthy living and wellness throughout their lives. The Center's technologically equipped classrooms, seminar rooms, conference rooms, and Holistic Meditation Room will provide an ideal setting for the development of an innovative cross-curricular approach to health, well-being, and learning that will integrate the College's School of Nursing, physical education, health education/health services, and athletics programs, serving as a model for other colleges and universities across America, and furthering the larger national goals of preventing chronic illnesses, injuries, and infectious diseases.

Fulfilling the College's promise to its students to provide a state-of-the-art fit-

ness center, the building will also feature a gymnasium equipped with arena-style bleachers for 1,500 people, a competition-size basketball and volleyball court, an interior running track suspended above the gym floor, a six-lane NCAA competition swimming pool, a dance and aerobics studio, and a fitness and weight room.

Designed by Ikon.5 Architects of Princeton, NJ, the same firm that renovated Gill Library, the Wellness Center project presented some challenges because of its planned designation as a "Green" building.

"Natural daylight is the enemy of competition swimming and basketball – that's why gymnasiums are windowless boxes," said Joe Tattoni, design principal. The architect solved the problem by using skylights in the Contemplation

Roof Garden and variegated glass to help diffuse the light in the gym. To take advantage of one of the area's natural resources, the Wellness Center will be built almost entirely out of Westchester granite, as is much of the CNR campus. In addition, a significant section of the Wellness Center will be built into the ground to take advantage of the area's sloping topography.

"This is truly another very exciting chapter in the life of this College, marking the start of a new century of growth, wisdom, and wellness for life," said Dr. Sweeny.

Kicking Off the Campaign

To fund this exciting new facility, as well as provide significant support of daily operating expenses through the Annual Fund and a strengthened endowment, the College has embarked on a \$50 mil-

PHOTOS FROM THE CAMPAIGN KICKOFF DINNER AT BOTTOM OF PAGES 29 & 30, LEFT TO RIGHT:

- DENNIS KENNY, JUDITH KENNY SNR'82, AND REV. BERNARD McMAHON, ASSOCIATE PROFESSOR EMERITUS OF ENGLISH
- CNR PRESIDENT STEPHEN SWEENEY (LEFT) POSES BEFORE AN ARTIST'S RENDERING OF THE WELLNESS CENTER WITH CAMPAIGN CO-CHAIR CHRISTINE LASALA SAS'72, AND BOARD OF TRUSTEES CHAIR MICHAEL AMBLER
- AGNES CLAIRE REITHEBUCH '51, ISABEL REITHEBUCH '46, PEG CASEY '60, EILEEN McENTEGART '51, AND MARY McENTEGART WELCH '49
- BETTY STANTON COLLERAN '50, SR. WINIFRED DANWITZ, OSU, PROFESSOR EMERITA OF SPECIAL EDUCATION, AND ANNE STENACH LOPATTO '50
- DURING THE DINNER, SPECIAL RECOGNITION WAS GIVEN TO FOUR LONGSTANDING PRESIDENT'S CIRCLE MEMBERS (PICTURED FROM LEFT): GINNY HARTCORN FORTNEY '40, MARGUERITE SISCA RIPOSANU '40, ROSEMARY GERARD KLEMMANN '39, AND ALICE DUFFY GILLESPIE '37.
- JAMES PLOWDEN-WARDLAW, BRENNIA MAYER, VICE PRESIDENT FOR COLLEGE ADVANCEMENT, ANGELA PLOWDEN-WARDLAW, AND MARSHA AMBLER



GROUNDBREAKING FOR THE WELLNESS CENTER,
 TO BE BUILT AT THE SOUTHWEST CORNER OF THE CNR
 CAMPUS ALONG LIBERTY AVENUE AND MEADOW LANE,
 IS ANTICIPATED IN EARLY 2006, FOLLOWED BY AN
 18-MONTH PERIOD OF CONSTRUCTION.



CNR President Stephen Sweeny officially launched the public phase of the campaign for the Wellness Center during the President's Circle Dinner on September 22.

lion capital campaign — a campaign that Dr. Sweeny officially kicked off on September 22, during a gala celebration attended by over 200 alumnae/i and friends who have generously supported the College.

“With this campaign, CNR moves boldly into its next century of service to students,” said Dr. Sweeny. “Our goals for this campaign reflect the College’s philosophy of the liberal arts ideal, dating back to Plato, in educating the whole person — mind, body, and spirit. This is a

moment of confidence for the College as we commit to this unprecedented investment in the future of this institution.”

And the investment appeared to be already well underway with the announcement moments later by Campaign Co-Chair Christine LaSala SAS’72 that to date, the College had raised \$33.5 million — more than two-thirds of the goal.

“The success we are celebrating tonight came from you, as special donors, and thousands of other individuals through their support of the Annual Fund,” said Ms. LaSala, acknowledging the tremendous contributions of those in attendance at the dinner toward reaching this milestone. “The money raised has truly been and will be transformative to CNR!”

Transformative indeed, for in fact when the campaign concludes, the College will have actually raised a total of \$70 million (\$20 million of which was raised during the first phase of the campaign), ensuring sound fiscal operation as well as providing funding to

strengthen three key areas. The renovated Mother Irene Gill Library, dedicated in April 2002, has already dramatically improved the academic environment at CNR, while the newly refurbished Holy Family Chapel provides students with a beautiful spiritual center. The construction of the Wellness Center will allow the College to focus more fully on improving physical well-being.

“There is a great synchronicity on our campus that encompasses the physical reflections of mind, body, and spirit in Gill Library, the Wellness Center, and Holy Family Chapel, respectively,” said Dr. Sweeny in discussing the focus of the campaign.

Dr. Sweeny and the entire College Community believe that through attention to the triad of mind, body, and spirit, students attain their fullest potential and actively live our mission of Wisdom for Life. Because our students are vital participants in their communities and their families, they will carry this commitment out into the world. ■

PHOTOS FROM THE CAMPAIGN KICKOFF DINNER AT BOTTOM, LEFT TO RIGHT:

- ETHEL ANKNER SHAFTER ’56, MARY ANN CARROLL DOLAN ’56, LELA KEOUGH NEGRI ’56, AND CLAIRE WATERBURY PHILIPS ’54
- MIRIAM STAPLETON MOYNIHAN ’71, MARLENE MELONE TUTERA ’71, JANE D’APICE VERGARI ’71 AND MARIANNE HICKEY ’71.
- MARY ANN GERACI MARRIOTT ’59, JOE LECHOWICZ, AND MARION CARBERY LECHOWICZ ’59



Chelsea Hall



A Look Back...

CHELSEA HALL – Constructed in the 1880s, Chelsea Hall, originally known as “The Orchard,” was the private home of famous vaudevillian actor Francis Wilson. In 1918, Wilson sold the house, along with its gate house, the College’s present Health Center, to the Ursulines. The house was used as an Ursuline boarding school, while the gate house became the student infirmary. For many years, the house, renamed Chelsea in 1968 at the suggestion of then-CNR President Sister Teresa Falls, housed CNR students. Then in 1943 it became the House of Studies for young Ursulines from across the country who came to CNR for a BA before beginning teaching. In 1972, when the School of New Resources was founded, Chelsea became one of the primary sites for classes for adults enrolled in the innovative baccalaureate program.

Health Center

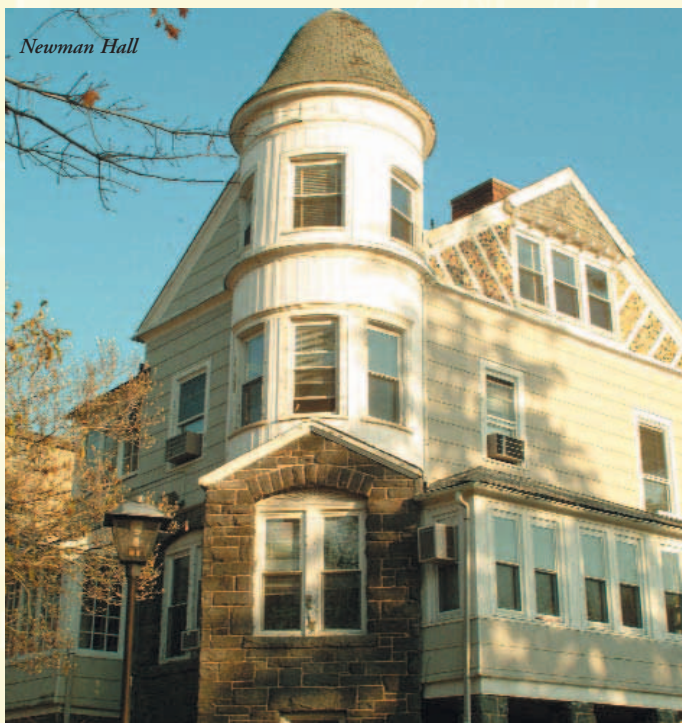


NEWMAN HALL – Named for John Henry Newman, the famous English scholar and cardinal, Newman Hall was purchased by the College in 1943 as a freshman residence. It was later briefly used as a residence by Ursulines, art majors, and even the College chaplain and his dog, Hincmar. In the early 1970s, the administrative offices of the expanding School of New Resources became the newest and ultimately final residents of Newman Hall.

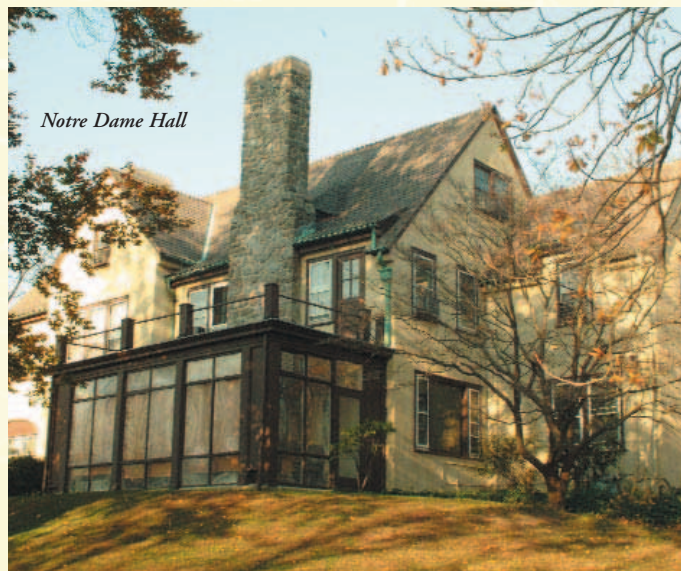
NOTRE DAME HALL – Purchased by the College in 1941 as a freshman residence and the site of the new Child Study Center (a nursery school run under the auspices of the Psychology Department by Mother Berenice Rice), Notre Dame Hall, which derives its name from the statue of Mary on the grounds, briefly housed SAS seniors in 1968 before being designated for School of New Resources administrative offices.

Historical information provided by Sr. Martha Counihan, OSU '67.

Newman Hall



Notre Dame Hall



NCAMPAIGN NEWS

VOL. 1 NO. 1 / FALL 2005

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President

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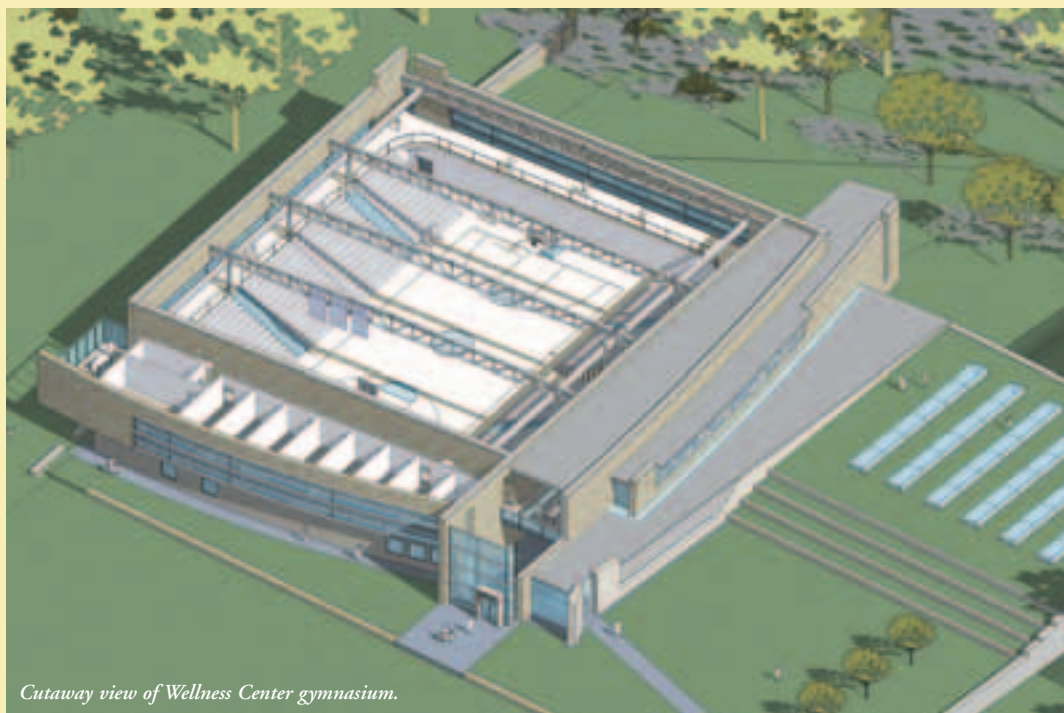
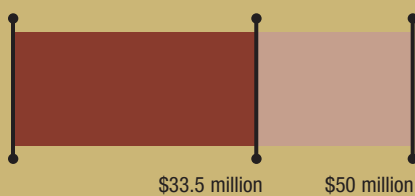
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TOTAL RAISED TOWARD GOAL



Wellness Center Project Garneres More Than \$5.4 Million in Government Grants

To date, the College has received significant funding, totaling more than \$5.4 million, for the Wellness Center project from both the state and federal governments.

Earlier this summer, the College became eligible for \$4.2 million toward the project from the New York State Higher Education Facilities Capital Matching Grants Program, a competitive matching grants program to benefit the State's public and private colleges and universities, which requires a 3-to-1 match in funding. In addition, a \$200,000 grant was secured by U.S. Congresswoman Nita Lowey as part of the Fiscal Year 2005 Labor-HHS-Education Appropriations legislation to support the enhancement of preventative health care programs to be shared with school districts and various community groups in Westchester County. And most recently, the Wellness Center project was granted one million dollars from the Surface Transportation Reauthorization Bill passed by Congress before the August adjournment, a grant that was personally announced to CNR

President Stephen Sweeny in a joint phone call from U.S. Senators Hillary Clinton and Charles Schumer. The funds from this grant will be used for streetscape and roadway improvements associated with the Wellness Center.

"This state and federal support is a significant indicator of the recognized value to the community of the Wellness Center by our elected officials," says Dr. Sweeny. "As I have said before, we are not content to simply build a building. We want to bring the strengths of the College to bear on this project and, at the same time, address pressing societal needs."



TO MAKE A GIFT TO THE CAMPAIGN OR FOR FURTHER INFORMATION, PLEASE VISIT THE WEBSITE AT WWW.CNR.EDU, CALL 914-654-5286, OR EMAIL CAMPAIGN@CNR.EDU.

Why I Support The College of New Rochelle!

Elizabeth Bell LeVaca
\$2,000,000

My association with The College of New Rochelle begins with my mother, Mary Fischer Bell, who graduated from the College in 1934. My mother loved CNR and worked tirelessly over the years for her alma mater. She chaired the College's 75th anniversary celebration and was Honorary Co-Chair of the 90th anniversary celebration. She wore just about every "hat" as a class officer and volunteer, and she was on the Board of Directors of the Alumnae/i Association for many years. In 1969 my mother received the *Ursula Laurus* Citation and in 1979, her most cherished award was given to her – the distinguished Angela Merici Medal.

My mother loved being among CNR students; it was a great joy of hers to see them succeed. She recognized the potential in each of them, and she knew that a CNR education would positively influence the rest of their lives. I continue to discover stories about her and her devotion to The College of New Rochelle. Recently, I learned that for many years she annually hosted a luncheon in Manhattan for the graduating class. It was another of many acts of kindness she expressed to the students and to CNR that was so important to her throughout her life. Long ago, she established a scholarship fund for undergraduates, which continues to help many students fulfill their educational goals. And, when Gill Library was renovated a few years ago, she donated the Ralph and Mary Fischer Bell Reference Room, in memory of my father, so that students would continue to learn and grow. I am happy that the College convinced her to include her name on that room as well.

My own association with CNR began in 2003 when I was honored to be asked to join the Board of Trustees. I immediately accepted since I knew my mother, who died in May 2001, would be overjoyed to have a member



of her family continue her work with CNR.

I have been so impressed with the caliber and expertise of the College's Board of Trustees. It is an inspiration for me to attend the meetings and work on committees for the benefit of the students, those in school today, and those students who will follow.

The experience has been enriching to me in many other ways as well. Many of the Board members, as well as many of the administrators of the College, have become more than colleagues; they are friends. I recall with deep emotion the day Brenna Mayer, Vice President for College Advancement, (without being asked) drove in to Manhattan to take my husband Joe and me to lunch after my mother's death, and then drove us to the airport for our trip home. This touching act of kindness on her part is so typical of the CNR family; gestures like this make CNR so important in my life. President Sweeny has become as much like family to me as my own. I feel the CNR family has truly embraced me, and I am happy that my close association with the College is a natural continuation of the legacy my mother has created.

The nursing profession is a particular interest of mine, and I am certain the Wellness Center programs will address many of the issues facing that profession and the nation. It is exciting to be involved with this enormous and worthwhile project for the College, with many interdisciplinary programs focused on health and nursing, physical education and athletics. Participating in this Campaign offers me the opportunity to continue my mother's many acts of kindness, and to express my deep appreciation for being part of the CNR family, too.



Mary Fischer Bell '34 (seated) with daughter Elizabeth Bell LeVaca and grandson Christopher Fuhrman.

TO MAKE A GIFT TO THE CAMPAIGN OR FOR FURTHER INFORMATION, PLEASE VISIT THE WEBSITE AT WWW.CNR.EDU, CALL 914-654-5286, OR EMAIL CAMPAIGN@CNR.EDU.

Why I Support The College of New Rochelle!

Christine LaSala SAS'72
\$500,000

My association with CNR began as a student in 1968 when the College was “a small, Catholic, women’s liberal arts college” located outside New York City. My four years at CNR were wonderful and informed my adult life with an excellent education, professional and personal confidence, a realization of what a community is, the value and purpose of service and friendships that have lasted for nearly 40 years.

So I’ve always been grateful to CNR for these things. My connection with the College is as deep today as it was nearly 40 years ago because of CNR’s masterful evolution and continued relevance.

With the creation of the Graduate School in 1969, School of New Resources in 1972, and the School of Nursing in 1976, the College remained true to its mission while making sure its impact and reach increased dramatically. By continuing to educate traditional aged women (often the first generation to attend college), to teach teachers, to train nurses, and to reach out to adult learners in some of New York City’s neediest neighborhoods, the College has only become more relevant and vital.

I’ve been involved with the College through various activities and support since graduation. I’ve been a speaker at College events, a teacher of some units in business courses, a member of the Alumnae/i Council, co-chair of the current capital campaign, member of the board, executive committee and chair of the development committee. In recent years, my involvement has increased as I reflect on the abiding importance of my CNR experience to me personally, the compatibility of its mission with things that matter to me as an adult, its quiet, but profound contribution to New York City, and the continued importance and viability of its work.

Among the many reasons for continuing to support the College, as I’ve gotten closer to it in recent years, is my growing awareness and admiration for how well and carefully managed the College is. Its institutional competence is visible at all levels – the academic leadership, the senior administrative staff and the board all demonstrate a level of excellence, commitment and focus that gets results. The combination of an institution with a clear mission that is well managed and financially sound is very persuasive.



The Wellness Center is essential to the health and vitality of the College. The physical structure will enhance and further integrate an already beautiful campus. The facility will enable the College to bring important programming to enrich the academic program and address real student and community needs. It is a way literally and figuratively to bring together the many parts of the College Community as both a space and as a catalyst for ideas and activities. And, it’s an investment in the heart and soul of the College that will energize the entire institution.

THE CAMPAIGN FOR THE COLLEGE OF NEW ROCHELLE An Overview

Through our new Wellness Center, The College of New Rochelle will reframe the approach to health and well being, bring that knowledge into the community, and have a vital impact on the health care crisis in America. We will transform both our students and the world in which they live.

Our goals for The Campaign for The College of New Rochelle reflect CNR’s philosophy that the liberal arts ideal, dating back to Plato, involves educating not only the mind but also the body and the spirit.

Through attention to the triad of mind, body, and spirit, students attain their fullest potential and actively live our mission. Because our students are vital participants in their communities and their families, they carry this commitment out into the world.

Our educational mission has never been more relevant, and support from CNR’s friends and family has never been greater. We invite you to support the Wellness Center, to ensure a healthy future for the College and for the nation. This is the time for The Campaign for The College of New Rochelle.

TO MAKE A GIFT TO THE CAMPAIGN OR FOR FURTHER INFORMATION, PLEASE VISIT THE WEBSITE AT
WWW.CNR.EDU, CALL 914-654-5286, OR EMAIL CAMPAIGN@CNR.EDU.

THE CAMPAIGN FOR THE COLLEGE OF NEW ROCHELLE

Investing in CNR's Future



In today's fast-changing and uncertain times, the world is in great need of broadly educated individuals who embrace lifelong learning, act in service to their community and are committed to strong values and beliefs. These essentials have always been at the core of a College of New Rochelle education, and they have never been more relevant.

For more than 100 years, The College of New Rochelle has provided a distinctive liberal arts education, rooted in a rich Catholic heritage and committed to the whole student. The Campaign for The College of New Rochelle, focused on a new Wellness Center estimated at \$25 million, is an unprecedented investment in the College's strengths and vision.

The College is seeking support for the Wellness Center from many of its constituencies. Please consider making a gift to The Campaign for The College of New Rochelle. Your investment will support CNR's efforts to provide excellence in nursing education and to teach students new ways to achieve well-being, changing the landscape of wellness in America.

To inquire about making a campaign gift to The College of New Rochelle, please contact:

Linda David

Executive Director of the Capital Campaign

The College of New Rochelle / 29 Castle Place / New Rochelle, NY 10805

Tel: 914.654.5286 / Fax: 914.654.5290 / Ldavid@cnr.edu

AETNA FOUNDATION PROVIDES \$125,000 GRANT

The first corporate supporter to the Campaign to fund the Wellness Center, the Aetna Foundation has generously provided a three-year, \$125,000 grant to help support educational programming associated with addressing obesity.

"We are pleased to receive such a generous grant from the Aetna Foundation," said CNR President Dr. Stephen J. Sweeny. "This grant will enable us to expand key components in our health and wellness curriculum to benefit our students and the communities we serve."

Sharon C. Dalton, Managing Director of the Aetna Foundation, said, "We are delighted to support CNR's Weight and Wellness module and applaud the College's efforts to address the health risks associated with obesity."

In concert with and in preparation for use of the Wellness Center, the College established the Wellness Center Committee, which is responsible for developing a broad range of holistically integrated health and wellness education programs. The first educational module to be created was the Weight and Wellness module, which was successfully piloted and tested among a group of student athletes during the 2004-2005 school year. The need to offer such programs was determined following the completion of a comprehensive Community Health Assessment conducted by CNR senior nursing students enrolled in a community health course.

During year one of the Aetna Foundation grant, the College will refine and retest the module at the School of New Resources Brooklyn Campus in Bedford Stuyvesant. A volunteer group of adult students will enroll in the program. During year two of the grant educators will adapt the Weight and Wellness Module to the specific needs of each CNR campus. And during year three, funds will be spent on distance learning technology and the outfitting of smart classrooms in the new Wellness Center, as well as on technical consulting and faculty development and training. This will enable the College to deliver the module electronically to external constituencies.

Over the past two decades, Aetna has supported CNR through student scholarships and participation in the College's Centennial Gala in 2004 and at annual golf and tennis outings. The Aetna Foundation is the independent philanthropic arm of the Hartford, Connecticut-based health insurance company, Aetna. Founded in 1972, the Foundation seeks to help build healthy communities by funding initiatives that improve the quality of life where our employees and customers work and live.

School of Nursing Introduces New Graduate-Level Programs

The School of Nursing has introduced two new graduate-level programs – a Nurse Educator Master's Degree Program, designed to address the shortage of nurse educators, and a Post-Master's Certificate Program in Palliative Care. In so doing, the College becomes the first college in Westchester – and only the 15th in the nation – to offer the Certificate in Palliative Care that provides nurses with in-depth skills that are required to properly care for terminally ill patients.

Planning for the new master's program in nursing education began two years ago, says Dr. Donna Demarest, Dean of the School of Nursing. "This program is the result of our response to two alarming trends: the critical shortage of nurse educators and the aging of the nursing school faculty throughout the U.S.," she noted. "We believe that more baccalaureate prepared nurses will find this educational track very attractive because of its unique and flexible features."

Composed of 34 credits and 150 hours of practical work that can be tailored for student interests, the program, launched in fall 2005, will concentrate on continuing education and staff development, community and patient education, and nursing education. Like all master's degree programs in the School of Nursing, it will contain a strong holistic component, emphasizing caring and healing rather than the illness delivery model that typifies today's health care system, Dr. Demarest explained.

To encourage enrollment in the new program, the College will assist students to apply for the New York State/Federal Loan Forgiveness Program designed to waive a percentage of or all of an education loan (depending on years of employment

and other criteria) to individuals who are studying to become registered nurses or nurse educators.

Set for a January 2006 launch, the new Palliative Care Certificate Program is designed to meet the need for health care services for chronically ill patients in hospices, homes, and hospital settings.

"People are living longer, and as a result, there is a rapidly growing need for these services," says Dr. Demarest. "Hospitals and other health care providers are looking to hire nurses who specialize in palliative care, and the demand is expected to increase dramatically. We are offering this new educational track with the goal of helping to meet this need."

The courses will provide students with both traditional classroom learning and training in real-life settings. The introductory course, for example, will give students a holistic overview of patients and families – their diverse needs and expectations regarding the body, mind, and spirit. As part of their training, each student in the program will then work with patients in hospice programs to learn the dimensions of suffering, loss, grief, and bereavement and to develop relationships with individual patients.

"Palliative care is not just for the imminently dying but also for those wrestling with complex clinical and personal decisions associated with an eventually fatal illness," says Dr. Lynda Shand, Program Coordinator and Associate Professor of Nursing. "And key elements for helping the person and family live as well as possible in the face of life threatening illness include assuring physical comfort, psychosocial and spiritual support, as well as providing coordinated health care services." ■

COLLEGE WELCOMES CLASS OF 2009 AT FRESHMAN CONVOCATION



CNR President Stephen Sweeny officially welcomed the Class of 2009 of the School of Arts and Sciences and the School of Nursing – the largest class in more than a decade – during the Freshman Convocation in early September. During the ceremony, freshmen signed the Matriculation Book, symbolizing their enrollment into



the freshman class, which was then presented to Dr. Sweeny. Following the ceremony, many went on to the Student Campus Center to receive their Dell laptop computers. This year marks the second in which all incoming freshmen in the Schools of Arts and Sciences and Nursing received laptops from the College.

Celebrating and Reminiscing at Alumnae College 2005

As the saying goes, a picture is worth a thousand words. So what better way to depict the joy-filled weekend of Alumnae College 2005 in June than through pictures, pictures of the many wonderful gatherings held by the members of Classes ending in 0s and 5s, pictures of the happy faces of alumnae reunited however briefly to remember when...



Photo A: Members of the Class of '85 Trisha Pickering, Silvana Bajana, and Marlene Grim were thrilled to be back for their 20th Reunion.

Photo B: Rosa Puleo Napoleone SAS'75, Carrie Kauffman SAS'75, Corrin Sorteberg SAS'75, Tobi Rochford Salottolo SAS'75, Susan Shepherd Rochette SAS'75, BJ Radell SAS'75, and Nancy Harkins SAS'75.

Photo C: Barbara Kiley '65, Mary Ellen Morin Cox '65, Joanne Godley Smith '65, Joan Bourdeau Callanan '65, and Carol Burke Hamilton '65.

Photo D: Marion Drago Passafaro '50, Shug Selby Ferrari '50, and Ginny Blewitt Schlotman '40.

Photo E: Celebrating their 15th Reunion were (from left): Meghan Mastellon Mahon, Edwardyne Cowan Bennett, Cynthia Rayna Plante, Regina Ambery Beechert, Elaine Tolley Andrews, Raina vanderPoel Josberger, and Colleen Fitzgerald DiRago.

Photo F: Eight alumnae received the Angela Merici Medal this year. Pictured with CNR President Stephen Sweeny, front center, are (front row, from left) Mary Ellen Foster McEvily '65, Joan Campana Diaferia '55, Fran Weir Strachan '45, Geraldine Larkin McGrath '50 and (back row, from left) Ellen Mooney Hancock '65, Pat McGinnis Dunn '60, Nancy Sullivan Murray '50, and Peg Casey '60.

Photo G: Returning to celebrate her 75th Reunion was Edith Greene O'Hara '30, (pictured here with her daughter Maude and her granddaughter Margaret) who shared many memories of the early years of the College (see story on page 46).

Photos H & I: This year's keynote address on "Caring in Health Care" featured SN Dean Dr. Donna Demarest SAS'71, SN faculty Dr. Mimi Donius (pictured) and Dr. Margot De Sevo, and graduate student Jamie Schwartzfeld, who spoke at length to alumnae from across the decades gathered in Maura Ballroom on Saturday morning.

Photo J: Pat McGinnis Dunn '60, Sr. Kathleen Finnerty, OSU '60, Reggie Sassee '60, and Sr. Irene Kutsky, OSU '42.



2005 AWARD RECIPIENTS

Women of Achievement Awards

Anne Mead '45

Patricia Martin '45

Patricia Ann Tracey '70

Angela Merici Medals

Frances Weir Strachan '45

Geraldine Larkin McGrath '50

Nancy Sullivan Murray '50

Joan Campana Diaferia '55

Margaret Casey '60

Patricia McGinnis Dunn '60

Ellen Mooney Hancock '65

Mary Ellen Foster McEvily '65

Ursula Laurus Citations

Virginia Hartcorn Fortney '40

Marguerite Sisca Riposanu '40

Elizabeth Lynch Sullivan '40

Anna Ambriola Ajemian '45

Alice Elizabeth Carroll Tortora '45

Barbara Wise Chapin '50

Rose Mary Seifert Clair '50

Helen Higgins Fitzgerald '50

Joan McConnell Fitzpatrick '50

Joan Gaynor Ryan '50

Ann Tubman Foley '55

Claire Fordrung '55

Audrey Field Galligan '55

Marie Quigley Marshall '55

Doris Gardella Toohill '55

June Toretta Fuentes '60

Margaret Crahan '60

Patricia Lechner Nahas '65

Ellen Longden Breyer '70

Sheleen Quish '70

Maureen Connors '80

Theresa Moylan Samot '80



CNR Faculty Attend Colloquy on Faith and Intellectual Life

As a Catholic college, it is particularly fitting that The College of New Rochelle be one of 59 member colleges in Collegium, a joint effort by Catholic colleges and universities to recruit and develop faculty who can articulate and enrich the spiritual and intellectual life of their institutions.

Since its founding in 1992, Collegium has welcomed more than 1,000 faculty and graduate students of all faiths to their summer colloquy. This past June, Dr. Lynda Shand, Associate Professor in the School of Nursing, and Dr. Elisabeth Brinkmann, RSCJ, Assistant Professor of Religious Studies in the School of Arts & Sciences, attended the week-long workshop and came away energized and excited by the experience.

"I hoped that participating in Collegium would nurture my vocation as a theologian and teacher... and provide me with the tools for facilitating conversations about the intersection of Catholicism and higher education at the College," says Sr. Elisabeth. "Collegium far exceeded my expectations."

In fact, Sr. Elisabeth found that during the many "incredibly stimulating" discussions with other participants from diverse academic, religious, and personal backgrounds, her own thinking was

"I came away from the experience with a much richer understanding of the mission of Catholic higher education... and a greater appreciation both for the importance of this mission, and given the realities of our world and the Church today, of the inherent challenges in it.

broadened.

"I came away from the experience with a much richer understanding of the mission of Catholic higher education... and a greater appreciation both for the importance of this mission, and given the realities of our world and the Church today, of the inherent challenges in it.

"Most of all I came away with a great

sense of hope. The genuine dialogue in which I participated, across academic disciplines, religious traditions, and political leanings, has given me a sense of Catholic collegiality at its best."

For Dr. Shand the reasons for attending were similar, to gain a "deeper connection with self, spirit, and spirituality" to guide both her personal and professional endeavors. Plus she admits she hoped to gain a clearer understanding of how to seamlessly integrate Catholic thought and tradition into the education of her nursing students, while honoring the diversity of cultures and religious practices those students represented.

At Collegium, she says, she gained the perspective she needed during presentations by distinguished speakers, small group discussions, readings, workshops, liturgy, and individual reflection.

"I now have a clearer vision of what sets Catholic education apart," says Dr. Shand, "and how to be deeply and intentionally religious in situations of diversity and social change. The enrichment of my spiritual and intellectual life will allow me to repay the School of Nursing and The College of New Rochelle with the wisdom and support that has been consistently shared with me."

— Lenore Carpinelli

CNR DRAMA PERFORMS A YEAR WITH FROG & TOAD



CNR Drama welcomed more than 1,400 people, including groups from local pre-schools, day camps, senior citizen centers, and nursing homes, for performances of the classic musical *A Year With Frog & Toad* in July. *A Year with Frog & Toad* is the first full production of the special "Centennial Year Season" — marking 100 years of theatrical production from The Dramatic Society of The College of New Rochelle (now known as CNR Drama). Upcoming productions include *Amahl* and the *Night Visitors* (in December), and *Uncommon Women & Others* and *Oleanna* (this spring). For further information, call 914-654-5373 or email cnr drama@cnr drama.org.



STAYING IN SHAPE TODAY:

It's More Than Just Sit-ups

If you remember the bloomers women wore for gymnastics, you probably also remember ball room dancing, square dancing, and the traditional callisthenic exercises that were the mainstay of athletic programs in schools all around the United States, from elementary schools through college. It was also a time when most sports were designed by men for men. Little by little, women's sports found their way into the curriculum. Today, colleges boast women's tennis, swimming, softball, and basketball teams. And, while not all women are interested in playing sports, most are interested in keeping fit. We hear more and more about Americans being obese and unhealthy, and schools are feeling pressured to do what they can to help students get healthy and stay healthy.

Today, finding new and interesting ways to keep the students of CNR fit is the charge of Dr. Dora Ierides, Associate Professor of Physical Education, SAS.

Since the fencing, archery, and aquatics of decades ago are long gone, what draws students to the gym and athletic field these days? "Today," says Dr. Ierides, "Greco aerobics, and Pilates are in vogue, as is Yoga, which is so popular that it's now offered not only in the School of Arts & Sciences, but on several of the School of New Resources campuses as well." And while the popularity

of skate boarding seems to fluctuate, "dancing is so popular that the College has offered classes such as MTV dancing, theatre dance, hip hop, ballet, Latin, step, and jazz dancing."

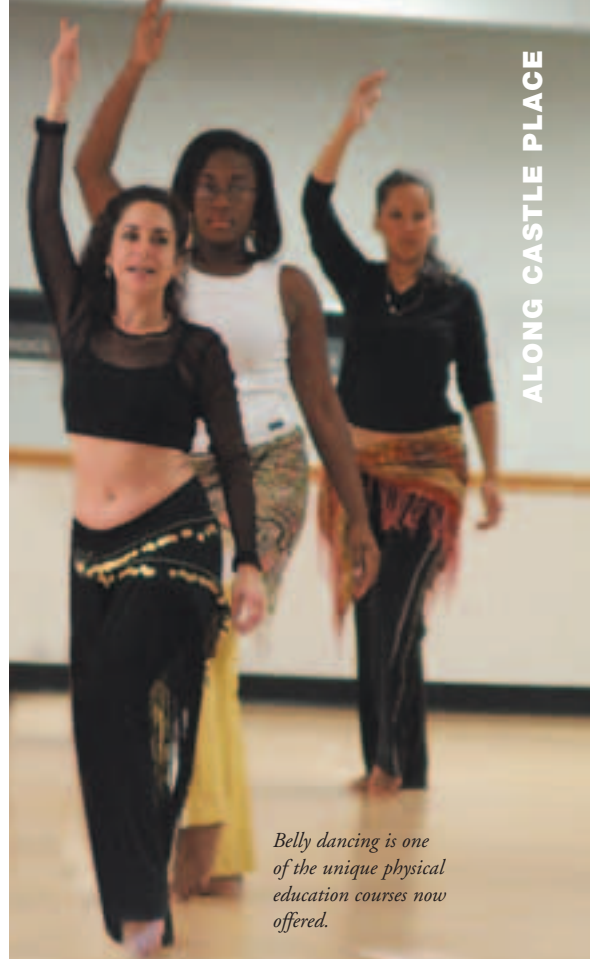
One "alternative fitness program" that continues to rise in popularity is boxing – both traditional and kick.

"Not only does boxing provide a great all-body workout, increasing participant's stamina, speed, and agility, but it also has excellent cardiovascular benefits as well."

Professor Ierides feels that high school students do not exercise enough, so when they get to college it is difficult to cultivate the idea that fitness and health are vitally important, even to young people who are in their prime.

"One of the things that attracted me to CNR," she says, "is that we have a four-class Physical Education requirement to graduate from the College. There are so many students who wouldn't be taking any PE courses at all if they weren't a required part of the curriculum. Last year alone enrollment in PE classes was over 785, a clear indication that students are going well beyond the four-course requirement. Dr. Ierides sees those students greatly benefiting from the requirement by developing healthy lifestyles.

Having been without a sports build-



ALONG CASTLE PLACE

Belly dancing is one of the unique physical education courses now offered.

ing for the past several years has also been a challenge. "I have the on-campus fitness center, and lecture rooms, to do what I had to do. But you work with what you have, and you design your programs to fit what is available."

Because "you have to be in tune with what the students want and are interested in," Professor Ierides strives to keep abreast of what is popular and what is not, changing the programs to suit the students' needs. "That's why we have all of these offerings," she says, "because it doesn't matter how you obtain wellness, what matters is that you're involved."

So if you're taking a trip across CNR's campuses, you won't be seeing young ladies in matching uniforms with bows and arrows poised, nor lithe bodies in modest swimsuits and rubber bathing caps. What you will see, however, are healthy and enthusiastic young women doing Pilates, learning dance steps, or possibly training for boxing matches, hoping to become the next *Million Dollar Baby*. You will also be seeing women who are preparing to be fit for the rest of their lives.

—Judith Balfe



Students learn MTV Jazz Dance.

INTEGRATING ART AND EDUCATION

Castle Gallery presents *R³ Reading 'Ritin 'Rithmetic, 30 Years Later*



Left: Sign by Mira Schor. Right: 'ART' (Art Forum, February 2001 p. 158) by Joe Amrhein.

This fall the Castle Gallery celebrates 25 years of service to art and education, of providing the community with exhibits that inspire, incite, and instruct. What better way to open its 25th year than with *R³ Reading 'Ritin 'Rithmetic, 30 Years Later*, an exhibit that takes its creative inspiration from the three basic building blocks of education.

Reading, writing, and arithmetic – the 3 R's – have not only introduced generations of young students to the vast world of discovery, knowledge, and learning, but have also been utilized by artists since the 1970s. "*R³*" spotlights the work of 13 artists who use reading (text or text-based), writing (language and words), and arithmetic (numbers and systems) as their medium for art making, examining the intersection of art and post-modern experience.

"Utilizing conceptual practices first pioneered by artists in the 1970s, this exhibit takes a fresh look at how, 30 years later, contemporary artists continue to use the 3 R's in their paintings, sculpture, mixed media, and book-based art," says Dr. Susan Canning, professor of art in the School of Arts and Sciences and curator of the exhibit.

From Bruce Pearson's boldly abstract "*Cybergasm Machines and Male Hysteria*," which invites the viewer to decipher a cryptic message, to Richard Humann's "*Sign Language*," an installation comprised of casts of the artist's own hands using signing to communicate, the exhibiting artists have transformed the Gallery's space into an arena for unconventional, thoughtful dialogue.

"This exhibit explores the intellectual minds of both curator and artists," says Castle Gallery Director Jennifer Zazo. "Susan Canning's selection of featured work is both clever and exciting and takes a fresh look at the process of making art." ■

PLEASE JOIN US *for the*
CASTLE GALLERY'S NEXT EXHIBIT!

MEXICO: YESTERDAY & TODAY/AYER Y HOY

December 11, 2005 – March 5, 2006

For further information and gallery hours, call 914-654-5423.

School of Nursing Receives Grant

The School of Nursing will receive \$25,465 from The Promise of Nursing for New York School Grant Program administered by the Foundation of the National Student Nurses' Association (FNSNA). The funds will be used to help improve both student retention and nursing exam pass rates by enhancing and strengthening student learning through the purchase and use of advanced multimedia learning tools.

"We deeply appreciate the support shown to our program," says Dr. Donna Demarest, Dean of the School of Nursing. "Enhancing the academic success rate of our students is a valuable investment in meeting the growing demand for qualified nurses, especially those from underrepresented groups."

The FNSNA was established in 1969 exclusively for charitable and educational purposes to benefit undergraduate nursing students. Funding for The Promise of Nursing for New York School Grant Program was contributed by Johnson & Johnson, several hospitals and health care agencies in the New York metropolitan area, as well as other national companies with an interest in supporting nursing education. The funds were raised at a gala fundraising event sponsored by Johnson & Johnson and are administered by the FNSNA. ■

CAMPUS BUILDINGS SERVE AS TRAINING GROUND FOR FIREFIGHTERS



In yet another example of serving the community, the College allowed New Rochelle firefighters to utilize buildings on campus, scheduled for demolition to make way for the Wellness Center, for training exercises. Accompanied by experienced veterans, the probationary firefighters from across the city spent several days in August performing drills in proper venting techniques on Chelsea Hall and the College Health Center.

How Will You Be Remembered?



Anne Mead '45, Retired District Court Judge, New York State; founding member of Women's Bar Association of the State of New York; Trailblazer, Pioneer, Mentor, Role Model; CNR Heritage Society Member

Few of us will actually change the course of history, write a timeless symphony, or cure a terrible disease, but everyone has an opportunity to leave an imprint on the world and make a difference in the lives of others.

By raising our children to be kind and generous, helping people in need, contributing time and effort in community service, and bringing enjoyment to others through whatever talents and

abilities we have, we can all help make the world a better place.

Every day, countless nonprofit organizations address society's educational, cultural, social, economic, health, humanitarian, and spiritual needs. By supporting their efforts through estate-planned charitable giving, we help to assure ourselves – and future generations – of better and more fulfilling lives.

Make a difference. Leave a legacy.

CNR Heritage Society

For information about the benefits of supporting the College through an estate-planned charitable gift, please contact:
Carole Weaver, Ph.D., The College of New Rochelle, Office of College Advancement, 29 Castle Place, New Rochelle, NY 10805
Telephone: (914) 654-5914 • Fax: (914) 654-5290 • E-mail: cweaver@cnr.edu

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The Future of Academic Libraries in the Digital Age

BY EMORY CRAIG
DIRECTOR OF
ACADEMIC
COMPUTING

All of us have seen how the increasing use of technology today challenges libraries to provide funding for computers and the network infrastructure that have become essential components of the contemporary teaching-learning environment. But more critically, libraries must now meet the expectations of a new generation of students who see the Web as a common element of their social environment, a ready source of information and entertainment, but not necessarily as a tool for their intellectual development.

Yet while academic libraries are focusing on becoming “gateways for electronic resources,” Google and other popular search engines are also positioning themselves to serve as gateways to electronic resources, both popular and academic and with much greater funding. Google alone will spend roughly \$500 million this year on research (more significantly, that budget is increasing by 80% a year), and it is already making forays into the academic realm with its library book scanning project and a search feature for scholarly journals.

So just what does this mean for the future of academic libraries? To confront this challenge, libraries will have to reach out to students and faculty with innovative services that expand the learning environment both in their facilities and the digital realm. Just as we have defined it in the CNR Technology Plan, technology is not just a means of accessing resources, but more fundamentally, a tool for communication and collaboration.

This summer, I was invited to speak on future technology trends to a new consortium of academic libraries meeting in Beirut, Lebanon. AMICAL (American International Consortium of Academic Libraries) is an international organization of libraries examining ways of sharing resources and addressing the challenges raised by the rapidly expanding use of digital technology. AMICAL was founded by a geographically dispersed group of institutions usually chartered and accredited within the U.S. that offer an American style education in countries as diverse as France, Egypt, and Kyrgyz Republic in Central Eurasia. My talk on “The Role of Information Literacy and the Future of the Academic Library” focused on the need for students to improve their information literacy skills and for libraries to rethink the nature and scope of their mission in an increasingly digital-based culture.

With the recent renovation of the Mother Irene Gill Library, my presentation gave me the opportunity to describe how CNR has addressed these issues through the rebuilding of our facilities and the funding of an Institutional Technology Plan.

Our new library with its numerous data ports, laptops, and inviting environment has developed a range of new initiatives including ERes (an electronic reserves system), the online “Ask a Librarian” form, and group study areas. It is no longer just a “repository” for static resources, but the framework for a dynamic learning environment that is essential for the intellectual growth of our students.

Given the pace of the conference and still tenuous political situation in Beirut, there was little time for sightseeing. Though we did visit the historic city of Byblos and see first hand the new construction at the beautiful Lebanese American University campus. A small (and very adventurous) group of us undertook a long drive across Lebanon to Baalbek, the ancient roman city of Heliopolis and a UNESCO World Heritage site. Walking among the great granite columns, the monumental staircases, and the immense foundation stones (some, over 60 feet in length, are estimated to weigh over 1000 tons), was an unforgettable experience. Baalbek has the largest free-standing columns of the ancient world.

But perhaps the most memorable experience was our visit to the tomb of the former Prime Minister Rafik Hariri in downtown Beirut, whose assassination only a few months before the conference brought the Lebanese people together and spawned the “Cedar Revolution.” It was a deeply moving experience to see Catholic and Maronite Christians, Shiite and Sunni Muslims, Druze and other religious traditions represented in the long lines of people waiting to pay their respects to a man who had sacrificed so much to rebuild his country.

Lebanon is still in the throes of overcoming the tragedy of 15 years of civil war, of families torn apart by the “Green Line” that divided the warring factions in Beirut, but in the streets and the cafes, one senses the hope of a brighter future. That potential was even more evident in the libraries at AUB and LAU where students were crammed into every available seat and even sitting on the floors with their books and laptops. With the lingering scars of war still evident in the urban landscape outside the windows, it reminded me of what Dr. Stephen Sweeny has said of CNR, that universities are places of safety, sacred places where students have the opportunity to grow and develop their full potential. The appropriate use of technology and the development of information literacy skills can help us ensure that these places will cultivate the learning experiences students need to understand and cope with an increasingly complex world. ■

Ruth Collura SN'08

When School of Nursing sophomore Ruth Collura made the All Conference Swim Team for the Hudson Valley Women's Athletic Conference in Spring 2005, it was a proud moment for the young athlete and for the College. But those who know her would expect nothing less of Ruth, who always strives to be the best that she can be, in all aspects of her life. An extraordinary athlete and an excellent student, she is a caring and giving person as well.

"It's how I was raised," says Ruth, the second eldest of five children. "My Mom always told us, 'Be involved.' Even in the summer, I work three jobs. I don't feel that wasting time is productive. I want to be doing something, and if I can be helping people instead of just sitting around watching television, that's what I would rather be doing."

The desire to help others has led Ruth to some interesting places. Last year, as a participant in CNR International Plunge, Ruth helped build houses in Matamoros, Mexico, and Brownsville, TX. The Plunge, organized by Campus Ministry, allows students to help others less fortunate than they are in cultures often far removed from their own. A avid traveler, Ruth has also journeyed to China, Ecuador, Austria, and England. She hopes to see Africa next.

Closer to home in Mt. Holly, NJ, Ruth has worked with an autistic boy for the past two summers, accompanying him to camp to be sure he is included in all activities. "I have a huge desire to work with special needs people, so doing that has really touched me and changed me. It's been a great experience."

On campus, she is no less involved. Last January she became a peer minister

and co-leads bible study. And if one of these days you are walking past the chapel and hear some very energetic gospel music, it's probably the CNR Gospel Choir with Ruth's voice among them. Says Helen Wolf, Director of Campus Ministry, "Ruth is very strong in her faith. She leads prayer beautifully and spontaneously." Father Joe Flynn, CNR Chaplain, adds, "Ruth has a great attitude; she's easy to talk to, and she's a wonderful role model."

In recounting the things that make her the strong young woman she is, Ruth talks about family, church, school, and the Girl Scouts, in which she's been active for 13 years. "I'm a lifetime member now and have earned my silver and gold awards." In school, she was a member of the band, was on student council, and played every sport with the exception of softball and tennis. Swimming, however, is a lifelong love which she intends to continue at CNR. "Some people think you can't play sports as a nursing student, but to me, it's a huge part of my life. I even coach a team near Mt. Holly during the summer."

With so much going on in her life, Ruth still finds a little time for relaxation? "I don't really feel that I need much time to relax, but sitting in my room doing things on my computer or listening to music, that's relaxing for me." She also enjoys spending time with friends, and going to movies once in a while. "But I'm paying for school myself," she says, "and that's a huge burden, so I have to be very wise with my money."



"Ruth has a great attitude; she's easy to talk to, and she's a wonderful role model."

And what about her future? "I see myself in the role of nurse or nurse practitioner and really helping people that way. I want to work in a hospital, a place for disabled people to come, because I still have a great passion for that. And, I'd like to visit other countries where the medical systems are not as good as it is here. That's kind of a dream I have, to travel to another country and establish a medical system there."

— Judith Balfe

Remembering When...

A GRADUATE LOOKS BACK ON CNR'S EARLY YEARS

In many ways Edith Greene O'Hara, Class of 1930, is a special alumna – a graduate who can track her lineage directly to the beginnings of the College and the foundress herself. In fact, Edith's parents were very close to Mother Irene Gill. Edith's mother, Maude Lett, attended the Ursuline Academy in New York directed by Mother Irene. And her father, John Greene, even accompanied Mother Irene to New Rochelle in 1896 to look at Leland Castle as a possible site for a new seminary for young women.

A lawyer and editor of the *Bradstreet Weekly* (later Dun & Bradstreet), John Greene was a member of the New York City Board of Education, a position he held for 20 years, and it was his interest in improving the quality of teachers in the New York schools that drew him to The College of New Rochelle and to Mother Irene. "He very much liked her ideas of education," Edith recalls. For 32 years he was on the Board of Trustees of CNR and served as Chairman at the time of his death in 1942.

Young Edith first came to the New Rochelle campus at the age of seven to receive her First Communion. She and the other First Communicants spent a week in retreat at the College, living with the Ursulines on the second floor of Leland Castle.

At the time, Edith's older sister was already a student at the College. Maude Elaine Greene SAS'19 came to CNR in 1915 and graduated at the age of

19, earned her masters from Columbia University, and at the age of 24 received a Ph.D. from Fordham University. She then became Sister Ignatius Greene, OCD, a Discalced Carmelite.

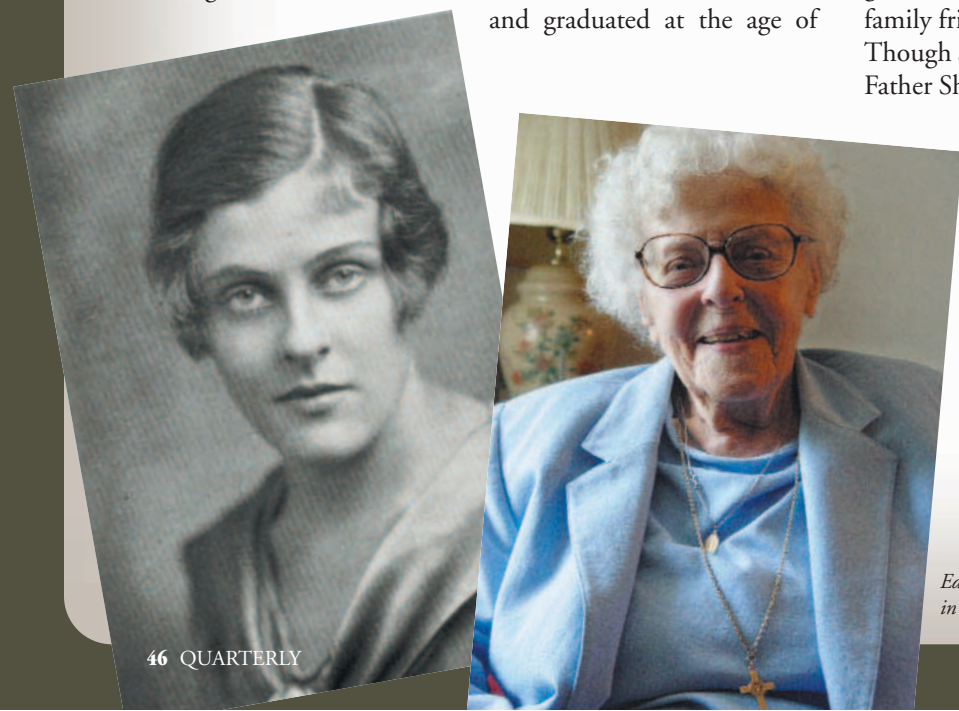
When Edith enrolled at CNR in 1926, she had little contact with Mother Irene and while on campus she never mentioned her family connection. "Mother Irene, however, would send for me every once in awhile and we would talk about my studies. She was very sweet, but she stayed in the background at the College. Her presence was felt on campus, but from a distance."

And perhaps that was best for what Edith Greene O'Hara remembers most vividly about her time as an undergraduate at The College of New Rochelle is the mischief she caused. Recalling her graduation, she giggles with delight as she tells how, arriving on stage to accept her diploma, she tumbled forward and fell into the lap of Father Fulton J. Sheen, who was there to give the baccalaureate address.

She insists, however, it wasn't her fault. The associate dean, Mother Loyola, required that all the graduates wear heels for the ceremony. "I never wore heels and at the top step of the stage Mother Loyola gave me a nudge to hurry me along. That's when I fell into Father Sheen's lap."

Edith was so embarrassed that she didn't even excuse herself, just took her diploma and fled the stage. Later, at the graduate reception, Father James Martin Gillis, C.S.P., a close family friend, asked Edith if she wanted to meet Father Sheen. Though she protested, Father Gillis insisted. "When he said to Father Sheen, 'I want you to meet....' Father Sheen smiled that wonderful, warm smile of his and charmingly replied, 'Oh, Father Gillis, Edith and I have met, but very informally.'"

Then there was the night Edith flooded the bathtub in Brescia Hall. Though lights out was at 10 p.m., as many students did when they had a test the next day, one night Edith went down the hall to the bathroom, where a light was always left on, and crawled into the tub with her blanket and books to study. "Somewhere in the middle of the night I must have fallen asleep and my head slumped against the



Edith Greene O'Hara a new CNR graduate in 1930 and today at the age of 97.

"I never wore heels and at the top step of the stage
Mother Loyola gave me a nudge to hurry me along.
That's when I fell into Father Sheen's lap."



As an ardent supporter of Mother Irene Gill, Edith's father, John Greene, played an integral role during CNR's early years.

faucet and out poured the water, all over me, all over my books. Oh, what a mess!"

And there was her little problem with getting to morning Mass. "We had Mass every day and most of the girls attended, but I couldn't quite make it out of bed."

Because she missed breakfast, which immediately followed Mass, the other girls always brought her something to eat. "We had to wear our caps and gowns to Mass and to class, and my friends slipped grapefruit and rolls into the large sleeves of their gowns. I might have missed Mass, but I never went hungry."

But most important to Edith during her undergraduate days were her professors, whom she still recalls vividly today at the age of 97. "I majored in English and took classes from Walter Gavigan. He was a wonderful man. Because of him I have loved English literature ever since." Another favorite was her Latin teacher, Nancy Huff Powell. "She had a way of enticing us into believing that something exciting was about to happen if we kept studying Latin. She would say, for example, 'Just wait a little while and you'll hear about Dido. Now Dido was some girl!' And then she'd roll her eyes. Why, we would get so excited anticipating the next day's class."

Her years in Props and Paint productions also bring fond memories. In fact, the stage might have led Edith in an entirely different direction in her life if it weren't for Mother Loyola.

"We did *Hunchback* by James Sheridan Knowles in New York City at the Broadhurst Theatre. Floyd Neal, the owner of WOR Radio, came to the play and telephoned me. He said I had a wonderful voice for one of his soap operas. I went into the city and I was on the radio for a few days, but Mother Loyola said I had to stop. It wasn't proper that I was coming

back to New Rochelle so late in the day, and I had classes to attend, courses to take. I had heard soap operas on the radio, and I thought they were pretty weird, so I decided to stay in college and get my degree. I've never regretted that decision."

Nor did Edith Greene O'Hara ever regret coming to The College of New Rochelle, although, as the daughter of Maude Lett and John Greene, she had little opportunity to object. Still it wasn't her father's role as Chairman of the Board of Trustees that caused Edith's problems. It was her sister Maude. "When I came to CNR I took a course in education from John Condon. He had had Maude as a student and the first words out of his mouth when I walked into his class were, 'I hope you don't come in late everyday like your older sister.'" Says Edith, "Well, perhaps I wasn't as smart as Maude, but I was never late for class!"

Today, Edith Greene O'Hara lives in an assisted living home in New Jersey, her life full of children (five), grandchildren (eight), one great-grandchild, and dozens of close nieces and nephews. She has had a full and active life, but her memories of The College of New Rochelle have not faded with time or distance and her voice and presence still command the attention she once displayed while starring on stage at CNR so many years ago.

— John Coyne



Among Edith's many activities during her CNR years was as a member of the Council of Debate.



New Alumnae/i Director Named

In August, Kelly Brennan was named the new Director of Alumnae/i Relations. She succeeds Eileen Niedzwiecki who left the College at the end of June.

Kelly comes to the College from SUNY Purchase, where she was the Director of Alumni Affairs, responsible for the overall management of the alumni program for 13,000 alumni. Prior to working at Purchase, she worked in Alumni Affairs at Columbia University for the School of General Studies, managing the alumni association, providing opportunities for alumni student interaction and programming to reconnect alumni to the university. While at

Columbia she also served as a Senior Fund Coordinator for Columbia College and the School of Engineering.

She also has held various positions in student services and fundraising and served as a consultant for the Fire Department of New York, after the September 11 tragedy, writing and securing a grant to establish a wellness program for children coping with the loss of a parent from a line of duty death.

A graduate of Iona College (sociology) Kelly received her master's degree in higher education administration from New York University.

DEAR COLLEGE OF NEW ROCHELLE ALUMNAE/I,
As the new Director of Alumnae/i Relations, I look at the accomplishments of my predecessor and am astounded with the rich history and tradition that have been preserved under her leadership. I plan to continue this effort by maintaining the strong connection alumnae/i feel for their alma mater.

Since its founding in 1904, the College has brought alumnae/i together in many ways – through academic lectures, informal gatherings, reunion, or most recently through the Alumnae/i Online Community (www.cnr.alum.onlinecommunity.com). Generations of alumnae/i have reconnected, renewing the bonds forged while receiving their CNR educations. The College continues to seek ways to improve connections for its alumnae/i and make the College accessible to everyone regardless of proximity to campus; the Online Community makes this easier. I am impressed at how alumnae/i have embraced this service in its initial year and hope you will continue to utilize the many features available on the website. Whether it's to update your address, inform us about a job promotion, network with fellow classmates, or register for an upcoming event, the Online Community is a tremendous resource. We recognize you are busy people, so the website is conveniently available anytime of the day or night.

I am eager to work within the College Community and visit each of the different campus locations to meet with alumnae/i, students, faculty, and staff. This is an exciting time for the College as the construction of the Wellness Center begins. I look forward to the many possibilities that lie ahead for The College of New Rochelle, and I am pleased to be part of the College's long and distinguished tradition and history.

Sincerely,

Kelly Brennan

Kelly Brennan

GET CONNECTED AND STAY CONNECTED...

Registering for The College of New Rochelle Alumnae/i Online Community is Free and Easy!

- ▶ Keep in Touch With Friends Around the World. Register your contact information and customize how much (or how little) you want to appear in the Directory.
- ▶ Post a Class Note informing fellow alumnae/i about your latest accomplishments.
- ▶ Find out about upcoming College events and register for them online.
- ▶ Check out the Spotlight on Alum Page.
- ▶ Learn about ways to get connected, through volunteer opportunities or working with students.

And Much More!

Joining is just a click away!

- ▶ Visit www.cnr.edu
- ▶ Click on "Alumnae/i Relations," then "First Time User"
- ▶ Use your unique ID on your *Quarterly* mailing label to sign in and follow the prompts
- ▶ Enjoy the programs and services provided on the site.

Alumnae/i who register between now and December 31, 2005 will be entered in a drawing to win a special CNR memento, choose between a man's tie, a woman's silk scarf or an afghan.

Did You Know...

Did you know that the Annual Fund supports educational necessities such as financial aid for students? How about the purchase of new technology? Or that it pays for the maintenance of our buildings and grounds on six campuses? It can even help with the unanticipated needs of students facing a financial hardship. If you answered yes to any one of these questions, then you are like many graduates or friends of CNR who contribute to the Annual Fund. You realize that priorities like faculty salaries, building maintenance or financial aid need support, and you will give generously to finance these things.

But did you know that the Annual Fund is just one part of the total fundraising effort here at CNR? The Office of College Advancement is also actively involved in seeking funds from corporate, foundation and government sources so that we can do even more for our students. The Office is fortunate to have two staff members who help seek out and apply for grants to develop new programs, finance scholarships, and build our Wellness Center.

Monique Caubere, Director of Corporate and Foundation Relations, has over 22 years of experience in grant writing. She was instrumental in obtaining a grant from Con Edison to fund the Access Center at the Rosa Parks Campus and another from the Verizon

Foundation to fund the Access Center Gateway Project at the John Cardinal O'Connor Campus.

Patricia Rosenkranz-Levins SAS'73, Corporate Relations Officer, is new to our staff. She has 26 years of experience as a corporate executive. While at AT&T she worked in the areas of public policy advocacy and communications media. She will be working to obtain significant corporate funding for the Wellness Center.

We tell you about these special funding efforts because the more new money Monique and Pat raise from outside sources, the more we can spend your Annual Fund dollars to help meet educational necessities and unanticipated needs. The Annual Fund can even make the difference in whether or not a student graduates. Should a CNR student have an unexpected need for increased financial aid or an emergency loan, the Annual Fund can be there to help them.

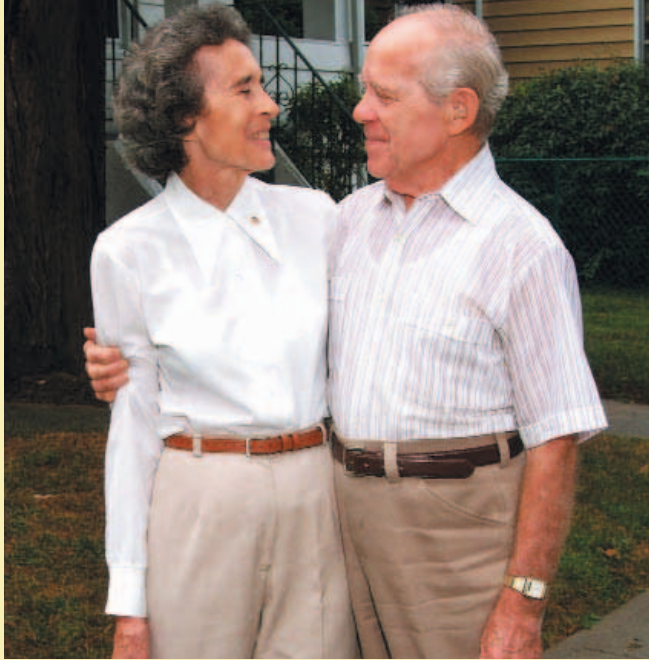
Sometimes it's just a tiny thing that makes the difference – a MetroCard for transportation, or \$300 to buy books. So please, while Pat and Monique seek funding for the big projects, you can help our students directly. When a student needs our help, the Annual Fund wants to say yes.



Please be as generous as you can when making your Annual Fund gift.

Our students are counting on you.

How CNR can help make your retirement a little more comfortable



Margaret Reilly Antalec '59 and Joseph Antalec

With constant changes in our tax laws, a volatile stock market, and low interest rates, it's become increasingly difficult to provide for a financially secure retirement.

But there is a safe, tax-advantaged, and I.R.S.-approved way to supplement your retirement income – and help provide the resources that enable The College of New Rochelle to maintain its high academic standards.

A charitable gift annuity from the College can pay you a dependable lifetime income that is largely tax-free and more generous than the returns from most conventional investments (*see rates below*).

For information, just provide your birthdate to:

Carole Weaver, Ph.D., Director of Gift Planning
The College of New Rochelle
Office of College Advancement
29 Castle Place
New Rochelle, NY 10805
(914) 654-5914 • cweaver@cnr.edu

Sample Rates for CNR Charitable Gift Annuities

Age:	65	70	75	80	85	90
Rate:	6.0%	6.5%	7.1%	8.0%	9.5%	11.3%

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The College of New Rochelle

29 CASTLE PLACE

NEW ROCHELLE, NY 10805-2339

